THE CANADIAN NURSE

OLUME 51 • NUMBER 10
MONTREAL

Highlight for
OCTOBER 1955

BUILDING FOR THE FUTURE

•

TO SERVE NURSING
(see page 772)

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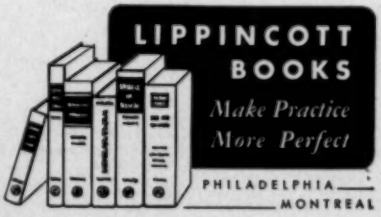

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L'Infirmière Canadienne

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Between Ourselves

We are filled with admiration and a shade of envy every time we hear one of our French colleagues turn so easily from her native language to ours without even pausing to take a breath. So few English-speaking nurses can do it without some fumbling.

One such completely bilingual person is our guest editor this month — **Eve M. Merleau,** president of the Association of Nurses of the Province of Quebec. Very soon after she graduated from St. Justine's Hospital, Montreal, Miss Merleau joined the staff of the Montreal Department of Health where she was employed until she enlisted with the R.C.A.M.C. in 1942. Released from service at war's end, she enrolled at the McGill School for Graduate Nurses specializing in public health nursing. She returned to the Health Department until appointed to her present position. As provincial director of nursing services with the Canadian Red Cross Society, Miss Merleau has an enormous territory to cover in her visits to the tiny communities where outpost hospitals bring a sense of security to scattered families.

* * *

Many articles have appeared in our *Journal* discussing the problems of patient care in psychiatric hospitals, the difficulties of securing adequately qualified staff, the development of affiliation and post-graduate courses. We have studied the work of mental health clinics, the best methods of handling behavior problems in children, and so on. But little attention has been given to the consideration of opportunities the nurse in the industrial field has to find slight aberrations before they become serious psychiatric problems. **Dr. R. G. Warminton** gave a paper at an industrial nurses' institute in Ontario. We are happy to have the opportunity to share his thoughts on ***Mental Health in Industry*** with the larger audience of our readers. **Margaret Burns** adds to our understanding of the multiple facets of this problem as she discusses how the employee who has received psychiatric care is assisted to return to life and work in the community.

* * *

It is always exciting to be a part of the planning committee for a building program. Trying to figure out in advance what sort of a building— be it a home or the ***new offices*** for the Registered Nurses' Association — means dozens of rough sketches before the architect is called in to put things down in orderly fashion. Cartoonists have a merry time depicting the irritation of the architect or the contractor as one woman — usually a fat female in the sketches — keeps changing her mind about where she wants this or that. **Lois Grundy** does not tell us if their architect lost any sleep trying to satisfy the desires — and the financial limitations — of a committee of a dozen women.

The final results, in this instance, are excellent. Each staff member was given the privilege of choosing the colors she wanted in her own office and the results are very attractive and different.

Now the nurses of British Columbia and of Manitoba own their premises. In the latter province, a job of remodelling rather than new construction provided comfortable working space. The nurses of Ontario are going to have new quarters, too. Their plans to build are all in order. The title Mrs. Grundy chose for her article sums up in four words the value of this activity in our provincial nurses' associations — Building for the Future.

* * *

We would be very interested to receive reports from nurses in other areas who have made a study of the problem of interesting mothers in ***breast feeding*** their infants. **Anne Pask** has provided some revealing statistics and has posed some searching questions.

According to a new scientific study presented to The American Public Health Association, one-third of the adult population consists of unhappy, ineffective and upset persons who pose an "extremely high" burden of expense for the rest of society. For it is this third, the study reveals, that has most of the troubles — that fills divorce courts, jams hospitals and medical waiting rooms, overloads welfare agencies and burdens industry with a staggering cost in absenteeism and accidents.

— R. K. PLUMB in *New York Times*

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At a final session of the meeting which marked the 100th anniversary of Florence Nightingale's arrival in the Crimea, the 36 member nations of the ICN accepted the following:

WHEREAS the Board of Directors of the International Council of Nurses is aware that already much is being done and increasingly can be accomplished in diagnosis, treatment and cure of certain diseases by the use of radioactive techniques, and

WHEREAS it realizes the role professional nurses are being called upon to take and increasingly will be called upon to take in the medical history being written in this particular age, be it

Resolved THAT the Board of Directors of the International Council of Nurses pledges its efforts to promote the use of modern scientific developments for peaceful purposes, and further be it

Resolved THAT the Board of Directors calls upon nurses throughout the world to support any and all efforts to bring this about, by cooperation with the United Nations, and particularly the World Health Organization, for preservation and welfare of mankind, and further be it

Resolved THAT gratitude is hereby exunanimous efforts towards this end; and to pressed to the United Nations for its the World Health Organization and other United Nations Specialized Agencies for their studies and programs.

Representatives of the CNA who attended the Istanbul meeting, August 29-September 5 were Gladys J. Sharpe, Toronto, president and M. Pearl Stiver, Ottawa.

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A MONTHLY JOURNAL FOR THE NURSES OF CANADA
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VOLUME 51 NUMBER 10

MONTREAL, OCTOBER, 1955

Evolution du Nursing

Il y a trente-cinq ans cette année, les fondatrices de l'association des garde-malades de la province de Québec se préparaient à dissoudre leur corporation pour créer officiellement au premier juin 1920, l'association des garde-malades. Toujours à l'avance dans le mouvement du nursing au Canada, c'est le trente-et-un décembre 1946, qu'est devenue obligatoire la licence de la pratique du nursing dans la province, par la corporation actuelle, connue sous le nom familier de l'Association des Infirmières de la Province de Québec.

Dans le passé jusqu'à maintenant, l'intérêt primordial des infirmières portait sur les standards de l'instruction et des services du nursing. Différentes sections étaient instituées dans le but de favoriser la discussion de problèmes communs et l'échange d'idées relatives à leur solution. Ces différentes sections étaient formées du service privé, de l'hygiène publique, du service institutionnel, et depuis cinq ans, le nursing industriel est devenu un sous-comité important de l'hygiène publique.

Néanmoins, le nursing ayant suivi de près les avances de la science en général, a acquis une plus grande compréhension de concepts nouveaux en relation des besoins changeants de la population à servir. Aujourd'hui, le nursing auprès des malades à domicile comme dans les hôpitaux, est partie intégrante du nursing de la santé au service de la famille et de l'individu dans la famille. Pour rendre pratique ce concept actuel, nous devons comprendre comment chaque groupe d'infirmières travaille en collaboration avec les autres groupes, au profit non seulement de la population tout en-

(Gracie Brothers, Montreal)

EVE M. MERLEAU

tière, mais aussi, et comprenons le bien, à notre avantage professionnel.

C'est dire que notre travail d'infirmière est devenu un travail d'équipe avec les disciplines parallèles pour le maintien, la restauration et le prolongement de la santé. C'est dans ce but de servir le public selon les besoins actuels que nous soumettons cette année à votre approbation le projet de ré-organisation des comités de l'Association. Les convocatrices-conjointes du comité de la législation se sont occupées de formuler avec leurs comités, les changements nécessaires aux règlements de la législation.

Cette ré-organisation projetée ne prive en rien les membres de l'Association de leur droit de rencontrer les membres intéressées à d'autres champs d'action. Au contraire, cette forme d'organisation ouvre de nouvelles avenues pour que chaque groupe comprenne plus complètement les problèmes propres à d'autres groupes. De sorte qu'en ayant un point de vue tout compréhensif chaque groupe pourra apporter sa contribution en vue de hausser le niveau, et surtout harmoniser la continuité du service aux malades comme à celui de la population.

Le facteur le plus important de ce programme vise la participation active de tous nos membres. Une participation qui veut dire la libre expression de notre opinion dans la conduite de nos affaires, selon le but structural de notre Association. Cette structure est basée sur le principe démocratique de la liberté d'opinion, et de l'expression libre de cette opinion. Les associations des districts sont instituées dans le cadre même de l'Association provinciale justement pour canaliser vers la régie provinciale, par les membres représentantes de ces districts, la philosophie collective et même individuelle de leur district, sur les tendances et pratiques à considérer en commun.

Cette liberté qui nous revient de dire notre pensée, de choisir le type de notre travail, et de travailler à l'endroit de notre choix, cette liberté pratique contribue grandement à notre valeur professionnelle. Si nous permettons à d'autres de parler en notre nom, sans avoir au préalable bien spécifié notre philosophie, nous permettons par là-même à une emprise autocratique de miner la base même de notre Association. Et c'est exactement ce que nous devons nous efforcer d'éviter à tout prix. Ce programme de réorganisation que nous suggérons pour travailler ensemble promet la force nécessaire pour maintenir, affirmer et promouvoir l'éducation et le service du nursing dans l'intérêt du public, et le nôtre.

Des comités semblables ont déjà commencé à fonctionner avec succès dans d'autres provinces du pays, de même qu'au niveau national. Déjà, des résultats notables tels que: constellation d'idées constructives, diminution de chevauchures de service, etc., ont prouvé la valeur pratique de cette nouvelle conception des activités de notre travail. Jusqu'à maintenant, chaque groupe d'infirmières était uniquement intéressé à son propre champ d'action, combien mieux renseignées serions-nous si le nursing dans toute son envergure: la santé, la maladie, la réhabilitation, la vieillesse, étaient l'objet de notre vision.

En passant, nous pouvons remarquer que d'autres groupements, tel par exemple La Société Canadienne d'Education pour les Adultes, montrent la force trouvée dans l'étude systématique des besoins individuels et collectifs, dans l'usage d'instruments de réclame, et des techniques des relations humaines. Aux infirmières, aussi, il est nécessaire de se familiariser avec des méthodes nouvelles s'adaptant à l'évolution sociale et politique. A des institutions modernes il faut des outils modernes habilement maîtrisés.

EVE M. MERLEAU,
Présidente,
L'Association des Infirmières
de la Province de Québec.

Nursing in Evolution

THIRTY-FIVE YEARS AGO the founders of our Association were preparing to dissolve the Graduate Nurses' Association of the Province of Quebec, which was to become the Registered Nurses' Association of the Province of Quebec on June 1, 1920. Progress has always been the aim of the Asso-

ciation and it was on December 31, 1946, that Quebec nurses put into force the first mandatory professional practice act for nurses in Canada, under the now well-known name of the Association of Nurses of the Province of Quebec.

In the past, as at present, the nurses were primarily interested in standards of nursing service and nursing education, and different sections were formed to permit the members to discuss common problems and to exchange ideas related to their solution. As you know, these sections were private, public health and institutional nursing. Within the past five years, industrial nursing has become an important subcommittee of public health.

Nursing, following in the steps of general science, has developed to the point where there is greater understanding of the new concepts of the changing needs of the public it serves. Today, nursing the sick, in the home or the hospital, is only one small part of nursing as it is related to the health of the individual or the family. This change in the concept of nursing means that we must understand how each group of nurses works with the others for the benefit, not only of patients and their families, but for the good of the profession itself. This we must keep constantly in mind.

It has been said that nursing is now really a coordinated team effort, in collaboration with other professional and auxiliary groups; that it aims to maintain, restore and improve health as well as prolong life. So that better service can be offered to the public, we need to develop this spirit of teamwork, not only in nursing service, but in nursing education that is the basis of all good nursing. Consequently, we presented for approval a plan for committee reorganization and the related changes in the by-laws prepared by the co-chairmen on Legislation and a representative group of members from all fields of nursing.

The reorganization does not deprive any members of the right to meet with members doing similar work, but it does offer them the advantage of learning about and understanding the problems of members in another section of nursing. It also means that nurses from every field will bring something worthwhile to those working in other fields. In other words, the reorganization will contribute to improvement of standards of patient care because every field of nursing will share ideas on nursing education and nursing service.

The most important factor in the success of the plan will be the active participation of the members in the programs that will result from the reorganization. If we relinquish the right of expressing our opinion and allow others to run our affairs, we will undermine the purpose of our Association structure which is based upon democratic and free expression of opinion. District associations were set up within the Association so that individual members could express opinions regarding the affairs of the Association, which would be brought to the Committee of Management by the district representatives for discussion in relation to the provincial policy.

Freedom to express our opinion and to work as and where we wish is one of our greatest assets. If we allow others to speak for us we are driving the first nail of dictatorship into the foundation of our organization. This we must avoid at all costs. Therefore, we must all work together to contribute to the improvement of nursing education and nursing service in the interest of the public.

Similar committees have begun work in other provinces and on the national level. It is expected that more constructive thought and less duplication of work will result from the reorganization. Formerly, each group of nurses was chiefly interested in its own field of nursing, but how much better informed we would be if all phases were considered!

In passing, we should remark that other groups, for example the Canadian Adult Education Association, demonstrate the strength that is derived from systematic study of individual and collective needs, from the use of the various publicity media and from the use of human relations techniques.

How much more important it is for nurses to be aware of, and use, the new methods and to adapt themselves to the constant social change — with modern institutions we must use modern tools skillfully and masterfully — than for any other workers upon whose performance people's lives do not depend.

EVE M. MERLEAU
President
Association of Nurses of
the Province of Quebec

Surgery of the Congenital Heart

ARTHUR VINEBERG, M.D.

SURGERY OF THE HUMAN HEART, like the development of atomic power, represents centuries of development. Both are symbols of our highly developed western civilization. Our scientists have uncovered the tremendous forces locked within the atom. Our physicians have laid bare the human heart.

Over 300 years ago it was discovered that the human heart could be wounded without fatal outcome. During the intervening years, little progress was made in cardiac surgery until comparatively recently. During the past 10 years, aided by the development of anesthesiology and thoracic surgery, cardiac surgery has emerged as an independent specialty. Operations on the human heart are no longer considered as highly experimental and dangerous procedures, and many surgical-medical teams have been established in great hospital centres throughout the western world.

Each day many new patients are obtaining relief through heart surgery, with a low morbidity and mortality. Unfortunately, these facts are not generally known to the profession. There is little doubt now that certain heart diseases can only be successfully treated by surgery. It is important for all to know what types of heart condition can be helped, and to know the indications and contra-indications in each instance, as well as the mortality and morbidity rates.

At this juncture definition of what cardiac surgery is may be of help. Surgery of the human heart attempts to correct mechanical defects caused by congenital malformations or by acquired diseases which interfere with the efficiency of the heart pump.

These may be divided into congenital and acquired lesions. In this article, the surgery of congenital heart lesions only will be outlined.

This is the second in a series of articles on cardiac surgery written by Dr. Vineberg, who is associated with the Royal Victoria and the Jewish General Hospitals, Montreal.

THE CONGENITAL HEART

In order to understand the surgical treatment of congenital lesions of the heart, let us turn the clock back 50 years and meet Dr. Maude Abbott. This gifted lady, working at McGill and Hopkins Universities, collected and studied the abnormal hearts of children and adults. Any abnormalities which she found were thoroughly investigated, from the point of view of the embryological development of the human heart. She showed that many stages occurred between the simple primitive tube which represents the heart in the first embryonic month of life to the fully developed, four-chambered pumping organ which is present at birth. These stages are far too numerous to mention here. Dr. Abbott discovered that when, for some unknown reason, development of the embryonic heart failed to follow the usual pattern, then abnormal communications persisted between the right and left chambers of the heart and between individual vessels. A good example of the failure of a septum to grow and divide a chamber into two parts is that seen where there is an atrial septal defect. The inter-atrial septum does not completely close the space between the two atria which leaves an abnormal communication between the right and left atria. Many types of defects occur — from complete absence of the right ventricle to a combination of abnormal communications between heart chambers.

In order to simplify, let us divide congenital heart lesions into two groups:

ACYANOTIC GROUP

In this group of congenital heart lesions, patients do not manifest cyanosis because there is no interference with the oxygenation of the blood. The

pulmonary blood flow is normal, or may be increased. The two conditions in this group for which surgery has been most helpful are:

1. Patent ductus arteriosus.
2. Coarctation of the aorta.

Patent Ductus Arteriosus

During fetal life, the mother's lungs supply the growing child with oxygenated blood through the placental circulation. The child's lungs are functionless while in the uterus. Thus, during embryonic life, the pulmonary arterial blood flow which is heading for the inactive lungs, is shunted into the aorta through a vessel known as the ductus arteriosus.

This vessel joins the main pulmonary artery to the aorta near the heart. As soon as the child is born and begins to breathe, blood from the right ventricle flows down the pulmonary artery into the newly expanded lungs where it is oxygenated. The connection between the pulmonary artery and the aorta, which had been used to shunt the right ventricular blood into the aorta and so by-pass the fetal lungs, is no longer necessary after birth, and this vessel, the ductus arteriosus, slowly closes off. It becomes completely closed in 99 per cent of individuals. However, about 1 per cent remain open, leaving a permanent connection between the aorta and the pulmonary artery. Since the pressure within the aorta is higher than that within the pulmonary artery, blood is sent from the aorta into the pulmonary artery when the patent ductus arteriosus persists. This results in:

1. *Loss of blood to the peripheral circulation,* which explains why children with a patent ductus arteriosus, in general, are pale, undersized, and complain of fatigue.

2. *Cardiac hypertrophy* caused by the heart having to pump some of the blood around again. Over the years, particularly in the third decade, signs of congenital heart failure develop.

3. *Sub-acute bacterial endocarditis.* For some reason, the Streptococcus *viridens* of sub-acute bacterial endocarditis tends to form vegetations at the site of the duct.

4. *Aneurysm of the ductus.* This may rupture with sudden loss of life.

It has been estimated that life expectancy of a person with patent ductus arteriosus is possibly half that of the general population. The diagnosis is not difficult and can be made on the basis of the clinical findings: pale, undersized child, without cyanosis; with enlarged heart and the characteristic machinery-like murmur heard at the second interspace.

Surgical closure of persistent ductus arteriosus is not difficult. It was first successfully performed by Dr. Robert Gross, in 1939.

The patent ductus may be obliterated by multiple ligatures or by simple division. The mortality rate in children is low, approximately 2 to 3 per cent. The results are excellent. In adults the operation is much more hazardous and should only be recommended when the shunt is large enough to cause symptoms.

Coarctation of the Aorta

This is a congenital narrowing of the thoracic aorta in the region of the ductus arteriosus. The signs and symptoms of this condition depend on the extent of the narrowing at the site of the coarctation. There are many patients with a slight coarctation who live for years without symptoms.

When the constriction is more prominent, the blood pressure drops in the lower extremities. Pulsations are feeble or absent. Hypertension develops in the upper extremities and the patient suffers all the symptoms and signs associated with high blood pressure. The problem is purely a mechanical one and is dealt with in a mechanical way. The obstructed narrowed portion of the aorta at the point of coarctation is removed and the continuity of the aorta re-established either by the inter-position of a graft between the open aortic ends, or by suturing them directly together. The mortality in this procedure is comparatively low if done during childhood. The results are most satisfactory. The elevated blood pressure slowly drops to within normal range. The pulses and blood pressure in the lower extremities return to normal.

Cyanotic Group

In this group of congenital heart defects, the skin lifs and the nail beds show cyanosis. Such children have been referred to as "blue babies." The cyanosis is caused by deficient pulmonary blood flow and deficient oxygenation of the blood.

Of the cyanotic group, the Tetralogy of Fallot is the most common type of congenital cardiac malformation, characterized by cyanosis which is compatible with survival beyond the age of two years. The unoxygenated blood circulating in the systemic arteries results from the following congenital defects which are present in the Tetralogy of Fallot:

1. The aorta takes origin from both right and left ventricles, or entirely from the right ventricle.
2. There is a patent interventricular septal defect.
3. The pulmonary artery is narrowed or blocked.
4. A result of defect 3 is hypertrophy of the right ventricle.

The right ventricle supplies blood to both the aorta and the lungs. It shares with the left ventricle the function of sending blood into the aorta, that is, into the systemic circulation. This condition exists during one stage of fetal life. When there is pulmonic atresia none, or little, of the right ventricular blood flows to the pulmonary trunk.

Dr. Abbott pointed out in 1927, that for patients with Tetralogy of Fallot and pulmonic stenosis, the average longevity was 10.8 years. In patients with pulmonic stenosis, longevity was 3.4 years. In the latter group a patent ductus arteriosus may be an important collateral channel, and its closure in such cases could result in sudden death.

The ideal treatment of the defects present in Tetralogy of Fallot would be to repair the interventricular defect and open the pulmonic stenosis under direct vision. This has been accomplished successfully in the past year. The mortality of this procedure, however, is still high. The most satisfactory method to date is that devised by Dr. Alfred Blalock, in which the subclavian artery is connected to the pulmonary artery beyond its point of obstruction. Blood is thus sent to the lungs where it is oxygenated. This results in a marked diminution in the quantity of unoxygenated blood circulating in the systemic circulation. Children thus treated lose their cyanotic appearance and rapidly resume normal childhood activities. The mortality rate from the Blalock operation is less than 15 per cent.

There are other congenital cardiac defects which are now being treated by surgery. These procedures, however, are still in the experimental stage and await further technical improvements before they can be universally accepted.

Pre-operative Examination

For the most part, these patients are infants or young children. The most important part of the pre-operative care of such patients is the careful establishment of a diagnosis prior to surgery. In most instances this can be accomplished by means of electrocardiography, angiocardiography and heart catheterization studies.

The electrocardiogram frequently shows which side of the heart is enlarged, indicating which ventricle has to do more work.

The angiocardiogram, when properly performed, permits visualization of each chamber of the heart. The dye enters the superior vena cava and can be seen in a split second going from the right atrium in various directions. Normally, this dye should enter the right ventricle and then carry on through the pulmonary vessels, lungs, and through the left atrium and then the left ventricle. From this chamber it is then pumped out into the aorta. Films which are taken at the rate of seven per second as this dye is injected, will show whether the radiopaque dye follows a normal pattern. Sometimes one sees the dye going from the right atrium directly over to the left atrium, indicating an interauricular defect. At other times the dye can be seen leaving the right atrium and entering the right ventricle and immediately filling the left ventricle, indicating an interventricular defect. Frequently, a ductus arteriosus can

be visualized and, likewise, the point of constriction caused by a coarctation is easily seen, at the point of narrowing followed by post-dilatation of the aorta. By using angiocardiography all the chambers of the heart are thus filled with dye. Sometimes the right ventricle is completely absent. At other times one can visualize a block in the infundibulum. More often, the visualization of a stenotic pulmonary artery is seen.

Thus, by angiocardiography in a pre-operative investigation, one can determine to some extent the multiplicity or simplicity of the lesions. It is possible to determine congenital defects both in the heart and with regard to the great vessels. Not infrequently, however, angiocardiography does not give all the information that is necessary. Therefore it becomes necessary to take samples of blood from the right atrium, right ventricle, pulmonary artery and wherever else the catheter will go. This is done by introducing the catheter, directly under the fluoroscope, through the superior vena cava, through the basilic vein into the right atrium, through the various heart chambers. Pressures and samples of blood are taken. If there is an interatrial defect, the catheter may pass from the right atrium and enter the left atrium. The blood taken from the right atrium will have a lower oxygen content than that from the left atrium. Likewise, when the catheter enters the right ventricle, the pressure in this ventricle is higher than the right atrium, and the blood normally should have the oxygen content of venous blood. If, as the catheter enters the right ventricle the oxygen content is higher than it was in the right auricle or vena cava, it becomes obvious that arterial blood from the left ventricle is passing through an interventricular septal defect where it is picked up by the catheter, indicating a definite interventricular defect. In the same manner, pressures and oxygen content studies are made with reference to the pulmonary arteries, proximal and distal to points of obstruction.

Post-Operative Treatment

The post-operative care of the acyanotic group of congenital heart cases is similar to that of any patient who has undergone a thoracic operation, unless there has been some associated heart failure, in which event the heart failure must be treated with digitalis or other heart stimulants.

In those patients who are definitely cyanotic, there is invariably marked elevation of the red count; hematocrit readings are elevated. These patients require more oxygen than the acyanotic group, and have to be watched carefully for evidence of thrombosis due to the elevated red count present. All of these patients are best nursed in the sitting or semi-sitting position and best placed in an oxygen tent. Maintenance of blood pressure is important but is not as essential a feature as it is in the older age-group of patients with coronary artery disease. These are young patients whose coronary arteries — with the exception of the coarctation group — are young, with young vessels in heart, brain and kidneys. Therefore, a drop in blood pressure in such patients is not as serious as it is in the older age-group where there may have been damage done to cerebral and coronary vessels.

In general, the nursing care of such patients is very similar to that required following any transthoracic procedure. In fact, it is very similar to the nursing care necessary in a case of mitral stenosis.

Summary

In conclusion, one can say that the child born with a mechanical defect of the heart is no longer doomed to a shortened, invalid life. The great majority of these children can be markedly improved, or cured, by cardiac surgery. New techniques are being devised to treat a greater variety of congenital defects successfully. The future seems to presage heart surgery through which all abnormal communications can be closed and cyanotic vessels opened under direct vision.

The man who used to think nothing of working twelve hours a day now has a grandson who doesn't think much of it either.

Building for the Future

LOIS GRUNDY

MORE THAN A YEAR HAS PASSED since that momentous day in April, 1954, when the Registered Nurses' Association of British Columbia moved into their own building. In a simple but impressive ceremony the building was dedicated to "the service of nursing." Thus culminated the many years of wishful dreaming, several years of intensive planning and the investment of a considerable sum of money. It will interest many to share in our pleasure in the new building and to hear of a few of the problems we have had to solve.

As we look back over this past year, comparison with our many years as tenants is inevitable. It was due to the enterprise, ingenuity and devotion of the staff that the affairs of the association were so admirably conducted. These incredible difficulties are now only memories. Each member must feel a glow of satisfaction every time she views the pleasingly modern brick and stucco building, well situated in a district of very fine office buildings. Both staff and members find the location of the building very accessible and that it is of great advantage to be away from the downtown traffic and parking problems. Committee members, especially those who attend evening meetings, can now park in the immediate vicinity of the building.

The approach to our offices is through a spacious entrance hall and up a gracefully curved stairway that has a modernistic burnished aluminum railing. Perhaps the first impression on entering is the effective use that has been made of color. Various shades of dusty pinks, greens, and cinnamon browns have been introduced throughout. The reception area, consisting of a waiting room, reception counter, and switchboard forms the first of the work units. Against the wall and directly under a sky-dome is a semi-circular writing table that has been designed to serve also as a rack for reading material and as a planter. Practical but beautiful are the table surfaces of highly polished wood-grained formica. Filing has been greatly simplified by the arrangement of the

(Hannay - Vancouver)

THE RECEPTION AREA

Mrs. Grundy, who is industrial nurse with Simpson-Sears in Vancouver, has long been an active leader in the affairs of the Registered Nurses' Association of British Columbia.

filing units and the introduction of wheel files. These contain the records of the active members and necessary information is available at a moment's notice. The secretary-typists are grouped adjacent to the offices of the registrar and assistant registrar. Close by are the offices of the director of Personnel Services and the Private Duty Directory. An extra room is also en suite with the group.

A separate office is provided for the bookkeeper whose duties now include the accounts of the building. A soundproof room houses the addressograph and mimeograph machines. Ample storage space has been provided by huge storage vaults with ceiling to floor cupboards. This workroom has proven invaluable for maximum work efficiency.

The comfortably furnished staff lounge, kitchenette and powder room, combined with the Private Duty Directory, form a self-contained suite which can be closed at night to assure the comfort and security of the night staff of the Private Duty Directory.

The Registrar's office and a committee room are divided by a Modernfold door which, when opened, forms the Board room. This room, which provides ample accommodation for the council meetings, can also be converted into a charming social suite.

A fire-proof vault and a basement storage room completes the total of our offices.

Much of the furnishings, special appointments, china, silver, pictures and plants have been the gifts of the chapters, districts, nursing groups and private members. This has created a very personal interest for so many and has contributed so much to the completion of the offices.

This bold venture — to construct our own building — was a decision that was supported by a unanimous vote of the members present at an annual meeting. But a number of important decisions had to be made by the building committee and the executive:

To select the district and then the lot most suitable.

To study carefully our finances and the financing of such a development.

To estimate the space needed for the present and future needs of the Association.

To obtain advice and guidance from reliable sources and lastly from these studies to make, to the best of our ability, sound decisions.

Work plans and estimates were set up based on the amount of money available and using the formula of 40-50% cash and 50-60% mortgage on the total value of the land and building. Careful planning was required to complete the building and to finish our offices, which occupy approximately one-third of the building, without sacrificing either basic essentials or quality, still keeping within these estimates. The remaining

(Hannay - Vancouver)

THE COMMITTEE ROOM

two-thirds of the total space, which would be available for the expansion of our offices, in the meantime was to be rented.

Everything progressed to this point without major difficulties. Then the problem of partitioning, finishing and financing the remaining area arose. Most of the electrical fixtures and plumbing had to be roughed in the early stages of construction. The first leases were not finalized until the building had progressed beyond this point. The requests for special wiring and kitchen facilities, while reasonable, entailed considerable expense to instal. This was an item that it was impossible to estimate in the original budget and although it was amortized over the period of the lease still it gave us some anxious moments. Also, the availability of space for rent in our building coincided with a city-wide seasonal slump in office renting with a resultant delay in occupancy of the entire building. Some minor adjustments were necessary as will be encountered in any new building. These problems were all met and solved. The building is now completed and leased for periods of from one to ten years.

Thus our building, of which the members are justly proud, was designed and built and a dream became a reality. Comfortable surroundings and efficient working conditions have been provided for the staff and committee members and ample space will be available for future expansion.

Raynaud's Syndrome

W. SCHWEISHEIMER, M.D.

FOR MANY GENERATIONS, young women, in particular, have been subjected to a peculiar constriction of the circulation that is observed most frequently in the extremities where the characteristic "dead" fingers or toes may occur. Maurice Raynaud, a French physician, was made famous by his description and observations of this phenomenon that he reported in 1862.

Raynaud's disease occurs more frequently among females than among males, usually between the ages of 25 and 35 years. One or more fingers or toes, the border of the ear lobe, or the tip of the nose becomes waxy-looking, cold and numb. This local ischemia may last for a few minutes or for several hours. Cold sweat may appear on the affected area. Pulsation of the local artery may be lost.

The second stage is one in which the area becomes blue, cold and somewhat swollen from stagnation of blood in the smaller veins. With the return of blood flow to the affected area of the skin, subcutaneous tissues and underlying muscles, the part becomes red, hot, and in most cases, excruciatingly painful.

If the return of circulation is delayed for a long time, the third stage with local or symmetrical gangrene occurs. Small areas of necrosis appear on the pads of the fingers and toes. Blisters containing blood may form which may result in ulceration.

An anatomical basis for Raynaud's disease is seldom revealed, either during life or at postmortem. There appears to be a disturbance of the nerves or nerve centres with which the affected parts are associated. Thus, this appears to be a purely functional disease. Suggested explanations, such as, vasomotor neurosis, peripheral arteriolitis, paravertebral symphetic gangliopathy or hormonal disorder to not mean much in furthering the understanding or treatment of the ailment.

The mystery of Raynaud's disease has been lifted in part by modern knowledge of the influence of high speed vibrations on hands and fingers. Quite a few medical publications have dealt recently with occupational disturbances in which this syndrome has

Dr. Schweisheimer resides in Rye, N.Y.

appeared with increasing frequency. Instances have been reported among workmen using high speed, electrically driven or pneumatic tools with revolutions or vibrations up to 4,000 per minute.

One curious finding has been that the *left* index finger is most frequently the first finger to become "dead" in a right-handed workman. This is important since it is on the guiding rather than the holding hand. Observers in England have stated that the condition may persist even after work with vibrating tools has been discontinued. Sheathing the tool in a sleeve of gas-mask tubing has been found to damp out the vibration. The rate of revolution and the hardness of the metal being cut have been found to be important factors. Curiously enough, the thumb is never involved. As a useful preventive measure, the research men proposed that employees engaged in any work requiring high speed cutting or piercing should work only nine months in any year.

Several observers have stated that attacks of "dead fingers" from vibrating tools are associated with a humid, cold environment, and that they occur usually as the worker leaves the plant or gets out of bed in the morning. The advice has been given to avoid cold to either hands or body — a recommendation that is difficult for any workman to follow and impossible for those in outdoor employment.

It is hard to say how long the trouble will persist or what can be done to avoid it, short of finding an occupation that does not involve the use of vibrating tools. Where the latter is impractical or impossible, shorter periods of work during the day have been recommended. The worker should be instructed in the best use of the tool to avoid injury.

Research workers have found that large vibrations at rates below 40 cycles per second do not cause "dead fingers." The most important vibrations are those of moderately high amplitude between the frequencies of 40 and 125 cycles per second. Vibrations greater than 160 cycles per second probably do not cause cramps of the blood vessels if the amplitude is small.

Aside from avoiding vibrations, no type of therapy has been particularly satisfactory. Since women seldom operate high speed tools, this explanation for the occurrence of Raynaud's syndrome in men fails to account for its greater incidence among young female adults. Among this group, the condition is more commonly precipitated by nervous excitement or exposure to cold. If hospitalized women patients complain of "dead fingers" added warmth should be provided. Mild sedatives will reduce the severity of the second phase. Some physicians have tried blocking the stellate ganglion every second day for a month. Others use novocaine intravenously during stasis caused by the daily application of an Esmarch bandage for ten minutes. If gangrene should occur, the affected parts should be protected with sterile dressings.

My Lady Autumn

My Lady Autumn in russest brown
Is taking her way about the town,
She breathes on the flowers sweet and then
Tucks them in till the spring again.
She touches with brown the blades of grass,
Who sigh and droop as they hear her pass,
She tints the leaves with yellow and red,
Then swirls them down to an earthy bed.
She kisses the apples till they blush deep rose,
And each pumpkin bright with orange glows.
And though My Lady walks unseen,
I always know that she has been
Around, when the smoke from burning leaves
Starts curling upward through the trees.

AGNES MCKENNA

The tragedy of our times is that there is too much know-how for the amount of know-why, all facts and no knowledge. — GRATTON O'LEARY

Mental Health in Industry

R. G. WARMINTON, M.D.

THIS SUBJECT IS ONE which would seem to be most complicated and formidable. One wonders how any adequate coverage can be given. However, one is struck by the idea that possibly the matter of mental health in industry is a great deal simpler than suggested at the outset and that it is all a part of good general health maintenance.

In industrial work, one is dealing with a large group of people, most of whom are doing individual jobs and most of whom have problems of some kind. Each person's reaction to his problems may be the means of producting symptoms. The type of symptoms produced will vary with the individual and with his reactions to his different environments. In many cases, we may find that the severity of reaction frequently remains individual in character. Thus we may have graduations of disturbance from those that are upsetting in a minor degree to those that are completely disabling. Thus, the disturbing stimulus that seriously affects one person may affect another to a much lesser extent. These individual variations produce disturbances which manifest themselves in many ways. Dependent upon the individual reaction, symptoms of disturbance become apparent in different ways. An example of this is the markedly increased number of minor injuries occurring at the time of threatened lay-off or strike action and other evidences of business instability. In most cases, this could be construed as a normal, or almost normal reaction to such conditions.

The immediate availability of the industrial nurse for assistance and advice can be of great value in alleviating the force and consequent effect of many mental and emotional disturbances. Nevertheless, there will continue to be certain manifestations of mental disturbance which we as medical people in industry, cannot seemingly overcome. Such cases require more constant and specialized care than we can possibly give. We are able, in many cases to improve the conditions which may bring about a problem which lessens the efficiency of the worker. Those of us who are associated with a large group of industrial workers should do our best to learn the differences in temperament, the various types of individuals who are employed at the plant, and as much as possible about their environment so that if a change is noted, we can be aware of the possibility of an impending emotional or mental disturbance. In such instances we may, by inquiry, elicit the problem which is upsetting the employee at that moment. Having determined the problem, frequently we can be of assistance in finding a solution.

It is important for us to realize however, that because a worker is disturbed by the actions of a foreman or supervisor, transfer from that particular job will not always effect a satisfactory solution. It is necessary to obtain sufficient information to determine the true underlying problem. In many cases, we will find that it involves the worker much more than it does his supervision. No matter where a transfer might be made the problem would remain unsolved. It may be necessary for us to convince the individual that the problem lies within himself before he can be helped to overcome his reaction.

We do sometimes find transfer to be the solution, but we must carefully assess each problem in order that we understand the circumstances so that we may adopt the best means of solution. On the other hand, we may have certain clear-cut indications as to where the problem of a worker may lie and the reason why he becomes disturbed. Let us take the example of

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the individual who has been working quite successfully in a department for several years. It is true that he is not of the calibre ever to advance to any position of authority, but under his present supervision, he carries out a satisfactory job daily. He is quite content. He works well with seemingly few problems, is physically capable, and thought of as a valuable, reliable worker. Through no fault of his own, or of the company, business dictates that he be moved to another department, to an unfamiliiar type of work. The work is neither burdensome nor difficult, and it is something that with a little training, almost any worker would be equipped to carry out. He reports to his new job with some apprehension and with the barest information is given the job to do. He works at it, for a short period of time only to find that he has spoiled material with which he is working. At the same time, an irate foreman descends upon him suggesting how stupid he is, that he is incompetent, and incapable of doing a job that anyone could do and continues the tirade. By this time, the individual who is an insecure person at the best of times, becomes more distressed and because of the attitude of the foreman, he goes back at the job without seeking further instruction. Again he finds that he has failed.

It is now close to his lunch hour. As he goes for lunch, he finds he has no appetite, in fact he feels nauseated. He may or may not eat. If he does, he probably will be sick enough to vomit. At this point, he will report to the medical department complaining of epigastric pain, nausea, vomiting and an inability to take food. If no history is elicited defining the real cause, the medical department may think he simply has a stomach upset or an intestinal infection. The doctor or nurse may suggest that, in view of his symptoms, he is not fit to work and should take the remainder of the day off. The worker is sent home, his symptoms continue and he calls his family doctor. The symptomology is again reviewed and because of the persistence of his symptoms, the doctor feels that further investigation should be done. The man is admitted to hospital for investigation. X-rays, of course, are negative for any evidence of ulcer or other pathological condition, but because of the spasm which would naturally arise as a result of his emotional disturbance, he is treated by rest and diet. This may continue over a prolonged period of time, his symptoms being aggravated every time he thinks about returning to work and to the job at which he has made such a poor showing. Ultimately, with the persistence of symptoms, he may be referred for psychiatric treatment when the true nature of the problem will be brought to light. Following proper treatment, recovery can be brought about. This case, of course, is a comparatively simple one. I cite it merely as an example of a sequence of events for which we should be on the lookout.

Adequate inquiry at the outset might have revealed the problem with a consequent rapid cure. In this case, it might be required that the individual be transferred to a department where he would have more sympathetic supervision, because even though the necessity for proper handling could be indicated to his foreman, it is unlikely that our disturbed employee would have confidence in, or a friendly feeling for the foreman who had disturbed him so seriously initially. As mentioned previously, there are many variations in the symptoms produced in different workers, for a variety of reasons. There are, however, very few individuals who do not have some form of reaction to stimuli of a disturbing character. These stimuli may be of many kinds. If we return for a moment to the foreman in the example just given, possibly he had no patience with the employee because his family was living in inadequate quarters and he had had a quarrel with his wife that morning because of his inability to find more suitable accommodation. And so it may go — from the disturbance of one to the disturbance of many.

There is another type of individual whom we should mention. This individual sometimes is found in the office group, sometimes among workers in the plant proper. I refer to the schizoid type of personality — the

individual who is suspicious of every one. and every move that is made Whenever a group is found talking together, this employee is sure that the talk relates to him, that he is being criticized or talked about in some derogatory way. This type of personality aberration may continue to the point where a serious disturbance of mental function occurs. The recognition of this problem is important because, frequently, recognition can be the means of bringing about definite improvement if co-workers realize and are careful regarding their attitude towards him. If they would do just a little bit more to include him in their activities, they would help materially in salvaging him. Those who work with such an employee should make sure that there can be no suggestion of group discussion of him behind his back.

If the condition has sufficient pathological background, attempts on the part of co-workers to alleviate symptoms will be misconstrued. In many cases, however, where the psychosis is in its early stages, a great deal of assistance can be given by the cooperation of sympathetic fellow-workers. The medical department staff should try to give the individual a better insight into his own problems. If this fails, the possible severity of the symptoms may be sufficient to enlist the aid of a specialist at a time when treatment can effect improvement.

Fortunately, there is a rather wide middle road which can be achieved by most workers in industry. Only when this road is encroached upon by unusual circumstances, is there a decrease in the usual efficiency of the worker. Most workers, carry out their usual day to day work in a competent and sensible manner, even though beset by the common problems which occur in our society. Such problems may at times cause a reduction in efficiency, lowered production, increased absenteeism, or the inability to get along with supervision. A slight problem may become magnified in an unsure or sensitive individual or in what we term a "normal" worker when a disturbing stimulus becomes greater than he is able to withstand.

It is well recognized that mental disturbances in industry are a real and constant problem. There is a wide variation of manifestations of such disturbances depending upon individual reaction. Undoubtedly, there will always be certain emotional upsets in many of our industrial workers. The underlying factors will be as numerous as the individual reaction to these factors. Usually it is not too difficult to detect those who have progressed to a serious pathological entity, but it is much less simple to recognize such disturbances early, at which time the greatest help can be provided. Industrial medical departments can perform a great service to the individual worker, a service which should commence with the initial examination and be carried through the whole period of the worker's employment. For this purpose as much information as possible should be obtained regarding the individual, not only with respect to physical factors, but of his total health problems. Each subsequent visit to the medical department provides additional information.

We have a long way to go in persuading industry in general of this philosophy. It is also necessary that the general medical profession understand the reasonable amount of direct counselling and therapy indicated for the worker who is sick on the job. These are the opportunities that are present for members of the medical department to assess. Each time an individual presents himself to the industrial physician or nurse, the question must be asked, "Is this primarily and solely a physical disease?" We know that in many cases it is not. There is a great relationship of emotional problems to the total disease incidence in amost any plant. The industrial nurse or physician has a real opportunity to provide help to a troubled worker and a good deal of our effort should be directed in that direction. We must always remember that *everyone* in the organization is an individual employee and that problems may arise regardless of position.

We who are engaged in industrial medicine have a great field for assisting disturbed workers. Learning as much as possible about each employee

is one of the best means of knowing what disturbing elements are beginning to affect the individual. If we can gain the confidence of all our workers, we will most likely be consulted when such problems arise. If we are aware of the possible symptoms that may occur we should be in a position to take steps to either overcome the problem or better equip an individual to face it. We must all have patience in attempting to elicit the reasons for obvious disturbances. All of us at times reach the point where we feel that we have had more than enough problems presented to us. We may pass over certain significant factors that should be recognized and treated. It is necessary that we try honestly to assess those people who are showing signs of such disturbances.

We should be aware when it is necessary for referral to be made to the family physician or the psychiatrist before permanent damage has been done. The problem of maintaining satisfactory mental health in industry is a permanent one, and upon our reaction to it depends in large part the success that we achieve in the control.

Rehabilitating the Mentally Ill Employee

MARGARET BURNS, M.Sc.

IN CONSIDERING THE PROBLEM of rehabilitating the "mentally ill employee" I have approached it from the assumption that the phrase means the person who has need of rehabilitation after having been hospitalized. This is by way of differentiating from the person who may be suffering from a mental illness which, while requiring psychiatric help from a clinic or private therapist, is nevertheless able to carry on his daily work and shoulder his responsibilities. This is not to say that that person is not the concern of employers but rather that he represents a lesser degree of illness and therefore somewhat less of a problem. Much of what I offer for consideration regarding the former hospital patient is equally applicable to the employee who is receiving outpatient care — and, indeed, to employees generally.

Dr. Elton Mayo, professor of industrial research at Harvard, speaking on "Human Behavior and its relation to industry," reminds us that "Sanity is an achievement, and the achievement implies for the individual a balanced relation between technical and social skills." Obviously this also implies that the person who, by reason of his inability to meet the stresses of life becomes "mentally ill," needs help — help from his family, his employer and from those of us who have been closest to him during his illness.

What I am saying is, in truth, acknowledgment of the statement made by Dr. Dicks of Tavistock Clinic in his address to the World Mental Health Congress last summer. He pointed out that health, like peace, is indivisible — that the degree of health achieved by an individual was reflected in every phase of life. It is with this in mind that I have attempted to abstract the mental health problems as related to industry, and to deal with them from the point of view of rehabilitation.

In order to find the answers to what can be done to help, it is essential to know with what problems we have to deal. I have selected a few of the most common and will try to point out how the patient might be helped to meet them.

First and foremost is the feeling of a patient about revealing that he has been ill and hospitalized. Both ex-

Miss Burns is supervisor of casework, Toronto Psychiatric Hospital, Toronto.

periences are a threat to him because they represent failure in coping with the stresses of life. They represent difference from "normal." They represent a potential rejection. In short, the patient's morale is affected. In the case of the unemployed person, faced with making a new beginning, this is a hurdle of formidable height. He anticipates attitudes similar to those he once had himself before experiencing breakdown. These patients protect themselves by refusing to divulge any information concerning the period of illness. We try to help them see that by so doing they are placing themselves in an insupportable position pointing up that they will always be on guard, always fearful of discovery.

For the person who has a job to return to, the problem is less but it is still present. Sometimes he feels he must not only face the attitudes of his colleagues, but prove to himself his capability of meeting the demands of the old job. To take less, means failure. This can prevent him from permitting us to contact the employer and arrange for less ardous duties. Again our efforts are directed towards overcoming his objections and fear in this respect.

In this area the medical team in industry could be of very real help by providing an atmosphere of acceptance and understanding which would free the employee to talk about his experiences, and his reactions to them, as they influence his adjustment to the job.

In addition to the factors inherent in this area, what are the problems we see in relation to the personalities of those whom we serve? There are the deep-seated, long-standing personality problems which present great difficulty to the therapist and which certainly intrude very seriously into the job adjustment of patients. I refer to the paranoid who thinks the world is against him and is suspicious of the motives of others; to the compulsive who gets so involved in his behavior patterns that he is lucky if he can finish dressing, much less get to work on time; to the withdrawn, seclusive person who panics at the idea of associating with others, much less competing. These people suffer from the more severe disorders which afflict so many. The concern we feel for them is very great, and we bend every effort to help them overcome their difficulties.

However, let us not overlook the more average type of person — the depressed person, the anxious person and the one whose drive to compete and to succeed has been all but extinguished by the force of circumstances. These are the people whom we all know, who may or may not have been hospitalized but who need help if they are to realize their true potential. These people fear authority, criticism or making mistakes, their self-confidence is at such a low ebb they shrink from competition. Some have intellectual gifts above average but need an opportunity to learn. They need the reassurance and support that comes from recognition of a job well done.

Not to be forgotten is the group whose age may be an obstacle in their path. For the older person loss of employment or inability to keep up with their own specialized field of practice means a loss of status, a loss of prestige, a loss of financial security. Their consequent anxiety builds up in them resistance to undertaking responsibilities and frequently they are unable to be realistic about their capabilities.

Here again we of the hospital team direct our efforts to reducing the threat to the patient by helping him gain better understanding of himself and by testing out insights through active participation in the hospital's occupational therapy and social activities. As new skills are acquired the patients are encouraged to try their wings in extra-hospital activities. Then these experiences are discussed from the point of view of how well or badly these are handled. Again, as our patients move back into the community, we like to keep in touch with them. It is basic to our thinking that frequently the greatest gains in social living are made *after* the protective atmosphere of hospital is over. Experience has shown that where the patient meets acceptance in the employer — acceptance translated into a balance between support and expectation (ie: not *over*-protected and made

dependent) — he settles down more quickly and has less need to cling to his illness.

The social worker is peculiarly concerned with the personal and social problems of the person since these are so closely linked with the particular problems of rehabilitation. Social work skills are used as supplementary treatment to medical care; to engender motivation in the client; to help resolve intra-personal problems and to anticipate with him or help him meet those difficulties which may prevent him from making the best possible adjustment.

Our efforts are not confined to the individual but extend to the family. Their attitudes and feelings often play a vital part in the success or failure of the patient's rehabilitation. They are worried about whether or not the patient will obtain employment and, if he does, whether he will succeed in it. Frequently we use our contact with them to deepen their understanding of the patient's problems — his low tolerance to stress, his need of support. We point out how they can be a help rather than a hindrance. A family's need for prestige can cause pressure on the patient to try to achieve things beyond his capabilities. A family's pride in past achievements can prevent them from appreciating the true worth of employment that carries with it lessened prestige. A family's fear of failure can cause them to use influence and connections to place the patient where they would like him to be, forgetting that by so doing they are in essence robbing him of a sense of his own worth and ability to help himself.

I would like to underscore what is implicit in the foregoing. Despite what has been said and written about the effects on mental health of monotonous, repetitive tasks, the greatest stress is in the realm of interpersonal relations — in the realm of people. This is not to deny that the monotonous task can present problems, such as frustration of the gifted, but I believe the greater dangers are in the contacts between people. Difficulties in relations to fellow employees is but a variation on the theme of poor interpersonal relationships in general.

These are a few notes from my experience in this field. I have not aspired to prescribing methods by which industry can help meet these problems in rehabilitation. Possibly it is helpful to see the situation through the eyes of a hospital worker and, having glimpsed the scene, glimpse ways in which industrial nurses can mesh their efforts with ours.

Dr. William Line, head of the psychology department, University of Toronto, in his article, "The Learning Process," has pointed out that: "Industry really has the greatest of all possibilities and responsibilities in cultivating human worth, for, for most of the life span, you are given that opportunity in the case of the majority of our citizens."

GOOD POSTURE IS ONE of the simplest of all health rules, but it is perhaps the most ignored because its benefits are not directly observed. Yet the logic of it is clear enough. The human body was designed to function as a graceful, balanced mechanism; its muscular and bony structure is admirably adapted in a thousand ways to the millions of motions we make.

It is a fundamental fact, however, that no one achieves good posture without conscious will to do it. It is not something automatic or inevitable; in fact, all the apparatus of modern living leads in the opposite direction. It takes individual will to alter the course. If you have sagging stomach muscles, round shoulders, aching feet or any of the other common symptoms of bad posture, there is no one to blame but yourself, and no doctor can furnish you with will power in a pink capsule to correct yourself. — JOHN TEBBEL

The best way to prevent a penicillin reaction in a potentially or proven sensitive patient, is to *give another drug.* When using another antibiotic in a patient with a background of allergy, the physician had best select the antibiotic least likely to cause allergy and alert the patient to the possibility that there is still a chance of recurrence of his allergy.

— KERN AND WIMBERLEY

Nursing Profiles

Helen Louise (Curran) Bolger has taken over the duties of secretary-registrar of the Association of Nurses of Prince Edward Island, on a part-time basis, combining this work with her responsibilities for her home and a stirring two-year-old daughter.

Born in P.E.I., Mrs. Bolger received her nursing education at the Massachusetts General Hospital in Boston, her B.S. from Simmons College and has completed most of the work for her master's degree in nursing education. In addition to her teaching and administrative experience in several schools of nursing in the United States, Mrs. Bolger was director of the cadet nurse program at Cushing General Hospital, Framingham, Mass. Until recently she was science instructor at Charlottetown Hospital. Her association activities for the past three years have encompassed a broad variety of committee work — finance, curriculum, educational policy, student recruitment — and in addition she has been a member of the Board of Examiners. This breadth of experience gives Mrs. Bolger a decided advantage in assuming her new work and will make her an exceedingly valuable leader for this small but flourishing association.

(Bradford Bachrach)

HELEN L. BOLGER

Kathleen Herman has been appointed national director of Canadian Junior Red Cross. A graduate of the University of Alberta Hospital, holding her B.Sc. degree from that university, Miss Herman served as a public health nurse in northern Alberta for a number of years. For six years she was director of Junior Red Cross for Alberta, moving into the national field as assistant director in 1952.

(Ballard & Jarrett)

KATHLEEN HERMAN

Muriel Uprichard has joined the faculty of the University of Toronto School of Nursing as assistant director of education and director of research. A graduate of Queen's University, Kingston, she received her master's degree in education and child study from Smith College. In 1944 she was selected as British Council scholar from Canada to the United Kingdom. After she completed the requirements for her Ph.D. at the University of London, Miss Uprichard was invited to make a study of the Florence Nightingale International Foundation to facilitate its reorganization and future development. Since 1950 she has served as national director of the Canadian Junior Red Cross and, in addition, became thoroughly familiar with educational problems of the nurses of Canada through her contacts as

educational adviser to the Canadian Nurses' Association.

Hilda Coates is the very capable and businesslike assistant secretary of the Registered Nurses' Association of Ontario. A graduate of Toronto East General Hospital, Miss Coates had varied teaching experience in schools of nursing in Ontario before going to the Association. Among her leisure-time activities she includes oil painting and stamp collecting, with swimming as her favorite outdoor sport.

(Randolph Macdonald, Eatons)

HILDA COATES

Ella Mae Howard has left the academic side of nursing that she has so ably filled since 1946 as an assistant professor of nursing, in the School of Nursing, University of Toronto, and has returned to the active field as director of nursing of Mount Sinai Hospital, Toronto. A graduate of Royal Alexandra Hospital, Edmonton, she holds her certificate in teaching and supervision from the McGill School for Graduate Nurses and her B.S. degree from Western Reserve University, Cleveland, Ohio, where she majored in administration of nursing service and nursing education.

Having taught school before she commenced her nursing work it was natural that Miss Howard should choose as her first position teaching student nurses at Nicholls, now Civic Hospital, Peterborough, Ont. Returning to the West, she served as assistant director of nursing at the General Hospital, Regina, then as director of nursing at Saskatoon City Hospital.

(Ballard & Jarrett, Toronto)

ELLA M. HOWARD

Sister Margaret Mooney, R.H.S.J., as director of nursing of St. Joseph's School of Nursing, Hotel Dieu Hospital, Cornwall, Ont., has been very busy in recent weeks opening a new 250-bed hospital. The old building, to be known as Macdonell Memorial is to be used for chronically ill patients. A graduate of the school which she now directs, Sister started on her professional career by becoming a registered radiological technician. After several years of practice in this work at Edmonton, she became a member of the Religious Hospitallers of St. Joseph. Her nurse's training

SISTER MARGARET MOONEY

(Meyers)

RAHNO M. BEAMISH

completed, she became supervisor of the x-ray department, qualified as a registered laboratory technologist and moved on to be supervisor of the medical laboratory. After securing her B.Sc. in nursing education from the University of Ottawa, Sister Mooney served as science instructor before assuming her present administrative responsibilities. A past president of Cornwall Chapter, R.N.A.O., she is currently a member of the national public relations committee.

Rahno Mary Beamish has assumed the responsibilities of director of nursing at Kitchener-Waterloo Hospital, Kitchener, Ont., after ten eminently successful years as superintendent and administrator of the Sarnia General Hospital. To her new work Miss Beamish brings a depth of understanding of the problems presented in every aspect of hospital activity for she has had experience in them all — private nursing, head nurse, instructor, supervisor and director. A past president of the Registered Nurses' Association of Ontario, Miss Beamish is also a member of the American College of Hospital Administrators.

In Memoriam

Belle Argue, who graduated from St. Luke's General Hospital, Ottawa, died in Montreal on July 20, 1955. Miss Argue served with the Victorian Order of Nurses at Pembroke, Ont. and at Montreal, For many years she was employed as an industrial nurse at Lachine, Que.

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Helen Mary (Mortimer) Bird, who graduated from the Toronto General Hospital in 1920, died on May 25, 1955. Before her marriage, Mrs. Bird was head nurse at T.G.H.

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Helen (Eadie) Cochrane, who graduated from the Royal Victoria Hospital, Montreal, in 1921, died at Victoria, B.C. on July 20, 1955. Prior to her marriage, Mrs. Cochrane was on the staff of the Ross Memorial Pavilion at R.V.H.

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Columba Colangelo and **Josephine Shynal,** both student nurses at St. Michael's Hospital, Toronto, were instantly killed when struck by a runaway car on August 1, 1955.

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Freda May (Brookfield) Cooper, who graduated from Toronto General Hospital in 1932, died suddenly on March 30, 1955.

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Mildred Lucy Cowan, a native of Hamilton, Ont., who graduated in Brooklyn, N.Y., in 1912, died suddenly in Hamilton on July 5, 1955. Following her return home after graduation, Miss Cowan engaged in private nursing until she enlisted with the C.A.M.C. during World War I. Following her release from the service, she became the first nurse with the Cosmos Imperial Knitting Mills, remaining with that firm in an executive position until her retirement in 1947. Soon she was busy again as field worker with the Wentworth Children's Aid Society. She was still active with that organization at the time of her death.

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Jessie H. Robertson, who graduated from Royal Victoria Hospital, Montreal, in 1910, died on July 10, 1955 at the Military Hospital, Ste. Anne de Bellevue, where she had been a patient for over a year following an accident. Enlisting with the C.A.M.C. in 1914, Miss Robertson was awarded the Royal Red Cross and the Mons Star. She resumed her private nursing after she was discharged, continuing in that branch for 35 years.

NURSING SERVICE

Attitudes to Natural Infant Feeding

ANNE A. PASK

RECENTLY, THE TWO NURSES of this small branch of our national visiting nurse service, in a town of a population of 10,000, carried out an interesting research project into the attitudes prevailing among local mothers toward breast feeding. We aimed at collecting our data from one hundred consecutive individuals in the course of our duties, avoiding missing anyone by marking the top of the record of each patient questioned with a letter "B." But we found that somehow there were a total of 104 entries when totalled, which makes percentage less accurate.

This little project fitted very easily into our postnatal and newborn health supervision program, and even provided an excellent opening to some sound and welcome teaching on the subject in many instances. It was estimated that the actual gathering of the following data absorbed about two minutes per interview or less than four hours of duty time between the two nurses in the course of half a year. The equipment required was only a tiny black notebook — we used four — with each page divided into sections A, B, C, and D.

The first item "A" said simply "yes" or "no" in answer to the query — which usually did not have to be asked — "Are you breast feeding?" Of our 104 entries there were 23 "yes" and 81 "No" including 5 who had tried to be the former. That is, not one-quarter of these mothers, all of the new mothers in town at the time, were nursing their infants.

Miss Pask, is Nurse in Charge, Victorian Order of Nurses, New Glasgow, N.S., Branch.

Item "B" required a little more space for the question, "If so, why?" or "If not, why not?" The answers provided the greatest interest and variety as detailed below. Most of them were direct, but there were also a number that were evasive and uncertain, a few a little defensive.

Item "C" was to ascertain previous experience in breast feeding. Of the 81 who were not nursing their infants, 29 had done so previously or had tried to. Of these (not quite 30% of the negative):

> Eight had too many children or a medical reason; 4 had tried with 2 previous children; 18 had tried with the first child only.

Of the 23 who were breast feeding:

> Fourteen were brand new mothers; 8 others had fed 1 to 6 children; 1 of them had been urged by her mother who had fed 10 herself.

Item "D" asked, "Did your doctor encourage you to breast feed?" Here there were 84 negative answers, including 4 who said they were definitely counter-advised for medical reasons. There were 20 whose physicians (mostly the same two doctors) did not want them to try. This was astonishing in a community where every one of the 12 doctors — except one young one who was not yet sure — had stated in individual interviews a few months earlier that he recognized breast feeding as the best for an infant and a highly desirable practice. Of this group of physicians, all general practitioners, one insists on his patients at least attempting to nurse the baby, and another of the older school, urges that feeding method. The remainder evidently seldom mention the matter to their patients, often

ordering stilbestrol without discussing it, though apparently pleased when the occasional individual announces her intention to feed her child herself. One young mother almost tearfully told us she had started taking stilbestrol not knowing what she was being given and was disappointed at being unable to feed her baby. Of the 20 mothers with whom the physicians had discussed breast feeding:

Nine did proceed to do so; 5 tried; 2 absolutely refused; 4 would not try because of previous lack of success, being too nervous, or having too many children.

Of the 9 who did breast feed:

Six just wanted to; 3 acted on the doctor's instruction.

In the section B answers lay interesting implications, showing both practical and psychological influences. The 23 nursing mothers seemed to have the least to say on the whole subject. In addition to the 9 last mentioned 6 more just wanted to — one saying she thought anything less a disgrace, 2 were directly influenced by their mothers toward it, 6 felt they "should," that it was best for the baby or both of them. It was from among the 80 "no's" the greatest food for thought came. Of these:

Five tried — claimed no supply, inflamation, or the baby would not nurse. One of these, quite inexperienced, said the nurses would not take time to help her and she wanted to badly. 7 simply "did not want to," had no time or, "a thousand other reasons." Ten had a real dislike or aversion to the experience (none of these had ever nursed a child; one was still oozing milk at 6 weeks postpartum), 2 had no wish to — thought the bottle method simpler. Five did not feel able, in their own words. Four claimed low blood condition, in addition. Ten who stated actual medical reasons, ranging from kidney and sinusitis infections, convulsions, etc., to placenta previa and other birth difficulties. Six had too many children. One was strongly advised against by her mother who felt her strength had been sapped by raising her family thus. Eight gave it no thought, had no advice about the subject. Several said the bottle seemed "okay." One among this group expressed a real regret at not having planned to nurse her baby.

Twenty-two stated previous lack of success as their reason for not feeding their child this time. Of these:

Eighteen had tried with the first only (for 7 the present was the 2nd). Four others had tried with two previous infants.

It was the last two groups that provided the most disturbing queries. How is it that about 8% have never been presented with important health facts on which to base a decision? (Incidently, only 17 of the mothers were encountered prenatally by our service, 6 of these numbered among the affirmative group.) And why should as high a percentage as 22 be unsuccessful at breast feeding? Is it avoidable? For how much are nurses themselves responsible — both public health and hospital nurses? What more can we do to promote this most beneficial method of infant nourishment and motherhood satisfaction?

Natural Childbirth

MARTHA HARLOW

SINCE COMING TO THIS HOSPITAL, the thing that has impressed me the most is the success of natural childbirth. Previous to this, I vaguely understood the meaning of it and the impression it gave was that it was rather a primitive and unnecessary hardship. Although I gave it little thought, I soon learned the significance of natural childbirth practically on my first exciting day in the case room.

Miss Harlow, a student at Victoria General Hospital, Halifax, wrote this study while on affiliation at Grace Maternity Hospital, Halifax.

The theory of it was thoroughly explained — the basis is the absence of fear.

This technique calls for constant preparation on the part of the mother from the very beginning of her pregnancy to the end. A high sense of values is gained by young women going through the supreme emotional experience of their lives. This is a sharp contrast to and much unlike the old-fashioned method whereby the mother is considered — "just a pregnant uterus; the baby, an impersonal fetus; the father, a nuisance; and the miracle of new life — another surgical operation."

As students we were soon to see an encouraging number of relaxed women consciously aware of their babies throughout birth. I would like to tell the story of one of these important people.

Mrs. Lusk is 28 years old, an Anglican. She is a Canadian, married, and with one female child — Linda, five years of age. It was necessary for her to end her formal education in the ninth grade, because of financial problems at home. By the time these problems were straightened out she was able to take a business course and was employed as a bookkeeper prior to her marriage.

Mr. Lusk is an officer of the Royal Canadian Navy. He is an ambitious, pleasant man, 29 years of age. His formal education ended in grade eight, but he took advantage of the services educational benefits and obtained grade eleven matriculation. At present he attends University night classes and in two years hopes to receive his Bachelor of Arts degree.

Both Mr. and Mrs. Lusk are in good health, and have had no serious diseases. Mrs. Lusk's mother is of English descent, now living in British Columbia. Her father, also of British descent, met a tragic death at a young age by drowning. Mr. Lusk's parents are of Scottish descent, both alive and well, also settled in British Columbia.

Mrs. Lusk's inborn intelligence was quickly discernible on meeting her. Her enthusiasm for natural childbirth attracted me at once. She told me the inspiration that had prompted her to become a candidate. The idea first occurred to her after hearing the success story of a friend. The next step was to purchase Dr. Grantly Dick Read's famous book, "Childbirth without Fear." Mrs. Lusk gained knowledge from attending lectures at the Dalhousie Public Health Clinic. She was especially impressed by a film about childbirth. The nurses' instructions at the clinic were also a great help to her.

After suspecting pregnancy, following a period of amenorrhea, a visit to her doctor confirmed the fact and prenatal care began. Her general health was good and she carried out the general hygiene of pregnancy concerning clothing, shoes, diet, elimination, teeth, skin, breasts and vulva. She increased her sleeping hours, avoiding physical stress and found time for at least one rest period daily. Every six weeks she visited her doctor for a check.

But this pregnancy was different — she was preparing for natural childbirth. This called for added preparation — the art of relaxing. Exercises for this purpose were practised faithfully. She learned to relax important muscles and breathe correctly in order to lessen the tension of contractions during the first stage of labor. She learned to pant in case she had trouble during the last half-hour of the first stage, when the mouth of the uterus was almost fully opened. Bearing down exercises would aid discomfort during the second stage when the baby is being pushed down the front passage. In addition to this, she prepared herself mentally. Reassurance and confidence were kept up through reading Dr. Read's book. Finally, preparation was complete.

Frequency and slight contractions persisted all day on the 19th. She was sleeping at the onset of her first contraction at 4:20 a.m. January 20. She wondered if this was the true labor, so crawled back into bed again, only to be up at 4:25 to discover "the show." The prenatal education and previous pregnancy assured her that things were happening.

Steady contractions continued every ten minutes. Mr. Lusk is not to be forgotten. At 5:15 he nervously called the doctor who informed him that it was high time they went to the hospital. With her husband, Mrs. Lusk departed

for the Grace Maternity Hospital — excited, anxious, a little worried, but with a firm resolve to challenge natural childbirth.

In the admitting room between contractions, Mrs. Lusk was given a perineal preparation, hykinone 2.5 mgm. by hypodermic to arrest bleeding. F.H.S. 148, lower midline; B.P. 118/98. Her temperature, pulse and respiration were taken and recorded. No enema was given. She was put to bed to continue with her first stage of labor. At last she was going to have her baby — would it be a boy or a girl? There was no time to do much thinking. She hardly had time to take sips of water which she knew would be good for her — the nurse said so.

Mrs. Lusk emphasized the importance of having a student nurse stay with her. The nurse's presence, reassurance and assistance with breathing exercises at a time when the courage and will power of a "natural childbirther" may easily falter, nourishes the desire to stay relaxed. She expressed this as of definite significance in reducing fear. Exaggerated fear tenses the muscles of the uterus resulting in pain. The pain multiplies fear and a vicious circle of fear-tension-pain-more fear begins. The moral support of a nurse helps check this possibility. The woman who is relaxed knows what to expect in each stage and if she has the support of her doctor, husband and nurses she will have a minimum of pain in childbirth. Mrs. Lusk suffered no more than with regular menstrual cramps. She recalls three mild contractions.

No sedative was requested. This does not mean that natural childbirth is an endurance contest. If a woman in labor wants something to ease her pain, all she has to do is ask for it. She is not considered a failure if she calls for some relief. Natural childbirth sensibly puts drugs in their proper perspective. By reducing the need of sedation and anesthesia, natural childbirth reduces the hazards of labor to the baby, since a doped mother is likely to give birth to a doped baby requiring serious resuscitation efforts which sometimes fail. One obstetrician warns "In addition to infection, toxemia and hemorrhage, we must add anesthesia to the list of major risks of childbirth."

At 5:50 a.m. Mrs. Lusk was taken to the case room. First her bladder was emptied to lessen pain and pressure. She was prepared and draped for delivery. Unfortunately, due to the doctor's late arrival, Mrs. Lusk was asked to pant with contractions. This, she stated later, was what she minded the most about labor — not being able to bear down. At 6:05 a.m. the membranes were ruptured and pontocaine 1% injected into the perineal region to produce local anesthesia. This is usually the only anesthetic that most natural childbirth women require. Mrs. Lusk was relaxed and willing to tolerate some discomfort in return for the glorious sensation of being fully conscious at time of delivery. An episiotomy was made. At 6:15 a.m. Mrs. Lusk fully conscious of everything that was happening to her delivered a living female child — Catherine Anita. A perfectly normal spontaneous event, the baby arrived in L.O.A. position weighing 7 pounds, 1 ounce. Silver nitrate drops were put in Cathy's eyes to ensure against infection and she was taken to the nursery to face her first bath.

An immediate lusty cry had greeted Mrs. Lusk as she looked at her new infant. Her first desire was to hold the baby. Her first impression "She is beautiful and so wide awake." A beaming smile expressed Mrs. Lusk's feeling of pride and accomplishment.

The episiotomy was repaired and at 6:25 a.m. the placenta and membrances were expelled. Ergometrine 1 cc. was given intravenously to contract the uterus. Her breasts were cleansed and a binder applied. The fundus was firm and her blood pressure was 120/80.

After a well deserved sleep Mrs. Lusk awoke feeling rewarded after the most gratifying experience she had ever had.

She refuses to contemplate having babies of the future in any other way. Instead of an ordeal, she derived a tremendous satisfaction from the process of birth. With her first pregnancy in the traditional way, Mrs. Lusk was in labor for 20 hours compared with 2 hours for her natural childbirth.

Mrs. Lusk also realizes the importance of breast feeding. Its emotional values are now being discovered by experts. On the second day she sat up in a chair and walked about for a short

period. Exercises were done daily, gradually increasing in number. This hastened and aided involution.

On January 24 Mr. Lusk who had been "housekeeping" arrived with 5-year-old Linda to take home his increased family. Little Linda was overjoyed to see her baby sister. Her immediate reaction was: "Mummy, it's so little."

I choose Mrs. Lusk as the subject of my case study because her personality and her excessive enthusiasm for natural childbirth impressed me very much. This woman has undergone a great emotional experience of her own free will to bring herself closer to her child. She made birth a wholesome, spiritual and less painful experience, and did it well from the very beginning of her pregnancy. It is my belief that childbirth should be anticipated as a joyful event, not as a trying course to be faced with reluctance.

The great contributions of natural childbirth are: (1) That it greatly lessens the need for sedation and anesthesia, (2) that the baby practically always cries lustily the moment it is born, (3) that being conscious when her baby is born and seeing it immediately, the mother gets a much greater satisfaction than otherwise out of having a baby and (4) that with the fears that usually accompany labor eliminated she enjoys the process.

In the Good Old Days

(*The Canadian Nurse* — October, 1915)

"A quiet, well modulated voice is a priceless asset to a nurse. It is not merely a matter of endowment — it can be cultivated. Listen to your own voice. Get your colleagues to criticize it. If you find yourself talking through your nose, do penance for it. Hold your nose and say "chest" 57 times. If the breath forces against your thumb and finger, you are a nasal-talker. Bring your voice down into your chest."

* * *

"Where there is no friend or relative capable and willing to attend to the duties of the house, a housekeeper is supplied for $5.00 a week, who is under the supervision of the visiting nurse. This plan has proved most satisfactory in many of the 500 obstetrical cases now on record."

* * *

"Of 1000 boys and girls starting work at 14 years of age, because they had no training, the great majority held from 6 to 20 jobs during their first two years of work, were earning no more at the end of that time than at the beginning, had actually lost ground in the habits of application and attendance, were less dependable and were more prone to loafing and time wasting."

* * *

"Iodine, as employed in the treatment of diphtheria, is applied in the form of ointment, containing 5 per cent of free iodine. Three cotton-wool mops are used in this method, two to remove the secretions and false membrane and to dry the affected surface; the third, after smearing it with ointment, is thoroughly rubbed over the inflamed tissue and surrounding areas. These applications are repeated every three hours, or, in severe cases, every two hours until improvement occurs."

* * *

"A new experiment is being tried with pneumonia patients. In a study of 50 patients, many of whom were allowed out of bed on their first day in hospital, for a period not exceeding four hours a day it was observed that cyanosis became much less intense, respirations slower and deeper, pulse more regular — it often slowed by 10 to 20 beats a minute — and a definite drop in temperature."

Persons afflicted with peptic ulcers can now hope for prompt relief from spasm pain with a recently introduced drug, Pathilon Tridihexethide, that works by blocking nerve impulses along sections of the nervous system that control the smooth muscle lining of the stomach and intestine. The causes of ulcers are not clear but it is believed that spasms of the muscles lining these organs are a contributing factor. The increased flow of acidic gastric juices that accompany these spasms tend to aggravate the newly formed ulcer and prevent its healing. By relieving the spasms, Pathilon inhibits the secretion of gastric juices thus eliminating a primary source of irritation.

— *Lederle Laboratories*

All Aboard for Winnipeg!

ETHEL ARMSTRONG COLLINS

THE 28TH BIENNIAL MEETING of the Canadian Nurses' Association will be held in Winnipeg, June 25 to 29, 1956, at the University of Manitoba. Because of the central location we expect a record attendance, and because this convention comes in the middle of the very busy tourist season, *it will be most advisable to get reservations in early*. Let us know what space you prefer on special trains — whether berth, bedroom, drawing-room, etc. Fill in the application blank and mail it to the Convention Co-ordinator at the National Office. Your reservations will be confirmed. Pay for tickets next spring.

Convention rates will be in effect from everywhere in Canada, and costs from some principal points *to Winnipeg and return* are shown below. These include a first-class lower berth *both ways:*

St. John's, Nfld.	$232.55
Charlottetown, P.E.I.	163.05
Halifax, N.S.	166.10
Moncton, N.B.	151.60
Saint John, N.B.	151.60
Montreal, P.Q.	106.35
Quebec, P.Q.	121.25
Ottawa, Ont.	97.10
Toronto, Ont.	92.15
Ft. William, Ont.	33.45
Calgary, Alta.	62.60
Edmonton, Alta.	62.60
Vancouver, B.C.	111.65
Victoria, B.C.	111.65

A delightful two-day sail across the Great Lakes may be included on your return trip, for an additional cost of $22.00 to cover meals and berth on the steamer.

TWO **SPECIAL TRAINS** ARE BEING ORGANIZED

Canadian Pacific — Toronto-Montreal

All times shown are *Standard* time.

Leave	Toronto	June 22,	11:00 p.m.
"	Montreal	" "	8:20 p.m.
"	Ottawa	" "	10:50 p.m.
These cars will consolidate in Sudbury June 23, 7:40 a.m.			
Leave	Fort William		10:50 p.m.
Arrive	Winnipeg	June 24	8:50 a.m.

C.N.R. Maritime Special

Leave	Moncton	June 21,	10:00 p.m.
"	Montreal	" 22,	8:30 p.m.
"	Ottawa	" "	10:34 p.m.
"	North Bay	" 23,	5:15 a.m.
"	Sioux Lookout	" 24,	1:40 a.m.
Arrive	Winnipeg	" "	9:00 a.m.

REGULAR TRAIN SERVICE FROM THE WEST COAST

Canadian Pacific Railway

All times shown are *Standard* time.

Leave	Victoria	June 22,	1:10 p.m.
"	Vancouver	" "	8:00 p.m.
"	Revelstoke	" 23,	10:05 a.m.
"	Banff	" "	6:40 p.m.
"	Calgary	" "	9:25 p.m.
"	Moose Jaw	" 24,	8:05 a.m.
"	Regina	" "	9:20 a.m.
"	Brandon	" "	3:45 p.m.
Arrive	Winnipeg	" "	6:35 p.m.

Canadian National Railways

Leave	Vancouver	June 22,	2:15 p.m.
"	Kamloops Jct.	" "	10:50 p.m.
"	Edmonton	" 23,	1:30 p.m.
"	Saskatoon	" "	8:35 p.m.
Arrive	Winnipeg	" 24,	7:40 a.m.

Post-convention trips have been arranged to fit every budget. In keeping with the times, one is even offered on a "Pay Later" plan!

No. 1 **CANADIAN ROCKIES** (from Winnipeg) 10 days — cost, $183.05. Leave Winnipeg June 30th, 10:05 a.m. C.P.R. to Banff with two-day stopovers at both Banff Springs Hotel and Lake Louise. Motor via the Columbia Ice-

fields to Jasper Park Lodge for a four-day visit. Return C.N.R. to Winnipeg July 9, 5:50 p.m.

No. 2. **CANADIAN ROCKIES AND PACIFIC COAST** (from Winnipeg) 14 days — cost $203.85.

Leave Winnipeg June 30, 10:05 a.m. C.P.R. to Banff with stopovers at Banff Springs Hotel and Chateau Lake Louise; C.P.R. to Vancouver with stopover at Hotel Vancouver; steamer across to Victoria; two days at the Empress Hotel; steamer back to Vancouver; C.N.R. to Jasper Park Lodge for two days; return to Winnipeg 5:50 p.m. July 13. (Meals are not included on either of the above trips, except at Jasper Park Lodge.)

No. 2B. **ALASKA CRUISE** (from Vancouver) 10 days — cost, $195.00.

The 1956 schedule of sailing dates has not yet been announced, but you can be assured of a wonderful holiday aboard the luxurious C.N.R. steamer *Prince George*, through ten days of scenic grandeur, up the Inside Passage, calling at Juneau and Wrangell, to Skagway where the ship stays in port long enough for you to take a sidetrip over the historic Trail of '98, and across beautiful Lake Tagish to West Taku Arm. (Cost of side-trip $45.00, all expense). If you prefer you may go by rail to Whitehorse and stay there overnight. (This trip is $30.50.)

No. 3. **BANFF AND KLONDYKE GOLD NUGGET TOUR** (from Winnipeg) 11 days — cost $486.95.

Leave Winnipeg June 30, at 10.05 a.m. by C.P.R. to Banff, with stopover at Banff Spring Hotel; C.P.R. to Calgary and Edmonton where Canadian Pacific Airlines plane leaves Tuesday, July 3, on the "Klondyke Gold Nugget Tour." Arriving Whitehorse that afternoon, you board the luxury river steamer, *S.S. Klondyke*, for a seven-day cruise to Dawson City and return. Leave Whitehorse by C.P.A., arriving in Edmonton July 10; C.N.R. to Winnipeg, arriving July 11, 5:50 p.m. *Or* you may fly T.C.A. direct to Edmonton ($97.85 from Winnipeg and return) and join the Gold Nugget Tour there — the cost is $390.00 from Edmonton. (Meals are not included except while on river cruise.)

No. 4. **HAWAIIAN ISLANDS** (from Vancouver) 10 days — cost, $350.00 (approx.)

Enjoy an enchanted holiday in faraway places. Only ten hours by air from Vancouver are these South Sea Islands with their exotic flowers, pineapple and sugar plantations and acres of orchids. Swim at Waikiki or ride a surf-board. Cost includes tourist air fare, transfers to and from airports, first-class hotel accommodation Moana Hotel (two in room) and four sightseeing tours. Meals are not included.

This is the one we told you about! The Canadian Pacific Airlines offer a "Fly Now — Pay Later" plan on international flights. You may pay ten per cent down and the balance by monthly payments during the next year.

No. 5. **EASTERN CANADA TOUR FOR WESTERNERS** (from Winnipeg) 18 days — costs, $287.80.

Leave Winnipeg June 30, 8:05 a.m. by C.N.R. to Montreal. Board the famous *S.S. Richelieu* for a week's cruise down the St. Lawrence and Saguenay Rivers, with stopovers at Murray Bay and Quebec City. Arrive back in Montreal the morning of July 8 and leave that evening for Ottawa for one day stopover. C.N.R. to Toronto and Niagara Falls (sight-seeing both places) and overnight at Royal York Hotel. Leave Toronto July 11, 6:00 p.m., and arrive Winnipeg July 12, 10:30 p.m. Meals are not included except on the *Richelieu* Cruise.

Cost of these post-convention trips includes fare, berth where required, twin-bedded hotel room, and transfers to and from stations. In some cases sightseeing trips are also included. Complete itineraries will be sent on request.

ALL RATES AND TIMES SUBJECT TO CHANGE. MAKE RESERVATIONS EARLY.

Turn the page and find the Application Form. Complete this and mail it to National Office promptly.

MRS. E. ARMSTRONG COLLINS
CONVENTION COORDINATOR, C.N.A.
270 LAURIER AVENUE WEST
OTTAWA 4, ONTARIO

I expect to attend the National Convention of the Canadian Nurses' Association at Winnipeg, Manitoba, June 25 to 29, 1956. I will be travelling alone ..... I will be accompanied by .....

I will join the C.P.R. Nurses' Special leaving Montreal ..... leaving Toronto ..... or at .....

I will join the C.N.R. Maritimes Nurses' Special leaving Moncton ..... or leaving .....

I will travel by plane ..... I will travel by automobile .....

I will return from Winnipeg via Great Lakes Steamer .....

TYPE OF SLEEPING CAR SPACE PREFERRED (give second choice).

Single bedroom	Compartment for two .....
Double bedroom	Drawing room for two ..... or three .....
Upper first class berth	Duplex roomette .....
Lower first class berth	Roomette .....

If double room on train is required, please give name and address of other occupant.

Name ..... Address .....

Home phone ..... Business phone .....

I am planning to take the post-convention trip as checked below:

No. 1 — Canadian Rockies.
No. 2 — Canadian Rockies and Pacific Coast.
No. 2B — Alaska
No. 3 — Klondyke Gold Nugget Tour
No. 4 — Hawaiian Islands
No. 5 — Special Eastern Canada (including *Richelieu* Cruise).

My home phone ..... Business phone .....

(Signed) Name .....

Address .....

.....

NURSING EDUCATION

Aiguillonner

UN MOYEN DE RÉALISER L'ÉDUCATION INTÉGRALE DE NOS ÉTUDIANTES INFIRMIÈRES.

SOEUR BACHAND, r.h.s.j., B.Sc. ED. INF., LIC. PÉD.

"On dit que la jeunesse est l'âge du plaisir;
Ce n'est pas vrai, c'est l'âge de l'héroïsme." — CLAUDEL

Cette constatation de Claudel est vraie, mais pour être héroïque notre jeunesse a besoin d'être "AIGUILLONNÉE"* surtout d'être bien aiguillonnée par qui l'aime et la comprend.

Dans ce travail nous verrons ce que signifie ce terme et les moyens à la disposition de la directrice des études ou de l'institutrice pour réaliser cette oeuvre d'éducation.

Une étudiante qui entre dans nos écoles est une adolescente de 18 ans dont la personnalité est en devenir. Que vient-elle y faire? Embrasser une nouvelle forme de vie parfois à l'encontre de ses tendances naturelles. Elle rêve de faire une infirmière pour répondre à un idéal depuis longtemps caressé, c'est vrai, mais elle ignore tout des exigences de cette profession qui est une vocation, impliquant un *don de soi* continuel.

Il découle de ces faits que l'on ne peut laisser l'étudiante à elle-même dès son entrée à l'école. Après l'avoir acceptée telle quelle, avec toute sa bonne volonté et des aptitudes physiques, intellectuelles, morales et religieuses, il nous faut l'aiguillonner dans la bonne direction pour en faire une professionnelle bien intégrée.

Dans notre langage aujourd'hui on oublie le terme si riche de sens "aiguillonner" i.e. stimuler, encourager, inciter, éveiller, exhorter. Ces mots font image et expriment clairement notre rôle auprès de ces jeunes si enthousiastes mais si instables, si entreprenantes mais si déconcertantes souvent.

Donc *"aiguillonner" i.e. inciter nos élèves à prendre en main leur propre formation.* Nos élèves ont soif de liberté, profitons-en pour leur montrer où réside la vraie liberté. Donnons-leur le goût du travail personnel en profondeur, habituons-les à avoir des idées à elles, à réfléchir, à comparer, à juger sainement. Il faut que nos étudiantes apprennent à voir, à observer, à penser avant de parler, à lire dans le réel avant de lire dans leur livre, à observer les symptômes avant de les apprendre par coeur. Tâchons donc de rendre nos élèves plus actives, stimulons-les aux travaux personnels, aux recherches scientifiques, à la réflexion afin de réaliser des "têtes mieux faites" un coeur plus humain et des mains plus habiles.

Quel moyen prendre pour réaliser cette éducation vraiment professionelle? Un programme d'étude bien organisé certes, mais surtout des *éducatrices* bien conscientes de leur rôle *d'éveilleuses.* Ce travail débute dès le début de la probation car, pour bien "aiguillonner", il ne faut pas attendre que les mauvais plis soient formés, il faut commencer pendant que la cire est malléable. Ce travail doit se prolonger tout le long du cours.

Quel est le rôle de la directrice des

Soeur Bachand est la directrice des études à l'Ecole d'infirmière de l'Hôtel Dieu, Montréal.

* Quillet — aiguillonner - animer, inciter. Il faut aiguillonner cet enfant pour le faire agir — syn., stimuler - exciter, encourager - exhorter.

études dans ce vaste programme d'éducation, le voici résumé d'une façon schématique :

Etudier le dossier de l'étudiante avant son entrée

Donner des conférences suivies de forum (Programme de vie, méthode d'étude, méthode de travail.)

Observer les élèves

Favoriser les entrevues personnelles

Compiler les rapports et les soumettre au "Comité d'éducation."

Etudier Le Dossier Avant L'Entrée

a) *La feuille d'admission:*

1. l'âge
2. le degré d'instruction
3. le rang social de la famille
4. le rang de l'aspirante dans la famille

Autant de facteurs qui peuvent influencer son comportement et dicter à l'institutrice son attitude.

b) *Dossier scolaire:*

1. les matières étudiées
2. les notes conservées
3. le rang dans la classe
4. l'évalution de la personnalité par ses maitresses.

Voilà un bon test pour renseigner sur le niveau intellectuel de l'élève et sur ses intérêts scientifiques.

c) *Résultat des tests* lorsque les conditions d'admission l'exigent.

La directrice des études ou l'institutrice vraiment consciente de son rôle doit se faire un devoir de connaître tous ces renseignements avant ses premiers contacts avec le groupe de probanistes.

Donner des Conférences Suivies de Forum

Programme d'étude. Nos étudiantes aiment avoir une vue d'ensemble de leur programme, les relations entre chaque matière, la progression logique du programme, la corrélation entre la théorie et la pratique, etc. Ainsi renseignées, elles collaborent beaucoup mieux et seront plus intéressées.

Programme de vie: Ceci est très important car, c'est extraordinaire comme la plupart de nos jeunes ne savent pas organiser leur programme. Si on met de l'ordre dans leur vie, elles en auront plus tard dans leur service à l'hôpital et dans leur vie future. Alors tout doit être prévu pour conserver un bon équilibre ; la journée de l'étudiante peut ainsi se diviser :

Prière : ½ à 1 heure

Repas : 1½ heures

Cours théoriques — pratiques surveillées — étude : 8 à 9 heures

Repos : 8 heures

Loisirs : 4½ à 5½ heures

Il faut leur faire remarquer que les heures de loisir ne doivent pas toutes être des heures d'inactivité : savoir comment obtenir une vraie détente est un art que bien peu possèdent.

Méthode de travail: Ecole : Ces conférences doivent se donner aux probanistes dès le début du cours pour assurer le succès dans leurs études. Voici quelques suggestions à donner :

a) *Méthode de prendre des notes:* choisir le papier pour prendre des notes ; toujours le même format, l'idéal c'est le cahier à anneaux 8½ x 11 ; savoir laisser des espaces libres pour schémas, synthèses, références, etc. ; faire un choix de signes qui simplifient ; s'entraîner à saisir l'essentiel, etc.

b) *Méthode d'étude.* Les cours donnés à nos écoles diffèrent de ceux reçus jusqu'ici ; du plan primaire ou secondaire, elles passent au plan universitaire. Les élèves doivent s'y entraîner graduellement. Ce serait mal les former que de leur donner toujours les résumés tout faits, il faut les encourager à un travail personnel, l'assimilation se fait mieux, les gavages sont toujours à craindre.

Comment étudier? Il importe d'abord d'insister fortement sur la nécessité d'une étude faite au jour le jour ou chaque semaine au moins, car mange-t-on du pain pendant une semaine pour s'en passer pendant un mois?

Apprenons à nos élèves à comprendre ; ce ne sont pas des mots qu'elles doivent collectionner mais des idées cachées sous les mots. Chercher à reconstituer le plan du cours en relisant attentivement leurs notes, retenir les grandes lignes, préciser le sens des mots difficiles par la recherche personnelle, voilà qui forme l'esprit et discipline la volonté. Ceci demande de l'effort alors que toutes leurs tendances attirent vers les plaisirs faciles. Mais c'est à ce prix seulement que nos étudiantes deviendront des compétences, des femmes viriles, logiques, ambitieuses, ayant le courage de leurs convictions.

Comment faire des recherches? Comment se cultiver? Voilà deux autres questions à discuter avec nos élèves? Savoir se servir des revues et des volumes de la bibliothèque est un art qu'il faut aussi leur apprendre. Apportons une attention particulière ici comme ailleurs dans les méthodes d'étude aux sur-douées et sous-douées. C'est au contact des élèves problèmes que l'on reconnait les vraies éducatrices.

L'institutrice, convaincue qu'elle est une personne très importante dans la vie des probanistes surtout, s'ingéniera à multiplier les contacts, surtout au début, il y a tant de problèmes qui se présentent: difficultés d'adaptation — anxiété — sentiment d'infériorité — timidité excessive — antipathie ou sympathie naturelle, etc.

Méthode de travail à l'hôpital: Il importe de préparer moralement et psychologiquement les élèves pour l'hôpital, mais une fois ces cours donnés, il ne faut pas les abandonner à elles-mêmes, une direction sympathique s'avère indispensable. D'abord il convient de les initier à leur travail et de les renseigner sur:

L'organisation de l'hôpital et l'organisation des services.

La journée d'une étudiante à l'hôpital.

L'organisation d'un plan de service de malades, chez les hommes et chez les femmes. La façon de remplir les feuilles de rapports des malades.

La méthode de faire des études de malades.

La manière de procéder pour renseigner sur les maladies des patients, leurs traitements . . .

Au cours de la première et même au début de la deuxième année, des forums organisés en vue de la discussion des problèmes rencontrés à l'hôpital, concourent à libérer les étudiantes de leurs inquiétudes, et à les maintenir dans un équilibre mental nécessaire à leur bonne santé physique.

Une formation clinique bien suivie à l'hôpital avec des hospitalières vraiment éducatrices peut aider grandement à cette éducation humaine de nos élèves.

De plus, il convient de donner une direction claire au début des stages dans certaines spécialités telles que: neuro-psychiatrie, obstétrique, gynécologie, pédiatrie, surtout si ces stages se font dans un autre hôpital. La collaboration des affiliations est alors très précieuse.

Savoir Observer

A la salle de cours: L'exactitude à se rendre en classe, la tenue, les notes prises, la façon de questionner, de répondre aux interrogations, l'emploi du 10 minutes de repos entre chaque classe, (Probanistes) voilà qui renseigne sur le caractère et la personnalité des élèves, sur leurs intérêts et leur éducation.

Il est aussi du devoir de l'institutrice responsable du programme d'étude de contrôler les méthodes d'enseignement des professeurs. L'intérêt des élèves et leur succès sont un bon barême mais pas toujours efficace, car c'est à elle que revient la tâche de préparer l'esprit des élèves à telle matière et à tel professeur afin d'éviter des incompréhensions réciproques.

Une institutrice avertie dirige avec toute sa psychologie féminine et le professeur et les élèves pour assurer un succès nécessaire et consolant.

A la salle de démonstration et à l'hôpital: Les aptitudes professionnelles se révèlent très tôt, il convient tout de même de ne pas porter de jugements trop hâtifs et de savoir stimuler et encourager celles qui paraissent les moins aptes. C'est là qu'il faut savoir doser les responsabilités selon les capacités de chacune.

Aux examens: La tenue de la copie, la façon de répondre aux questions, renseignement sur les aptitudes intellectuelles des élèves. Ce premier test passé, il convient de donner des directives claires sur ce que nous attendons d'elles dans la présentation des copies.

Malgré la sélection faite à l'entrée (une moyenne de 70% est ordinairement exigée pour obtenir son admission) et s'il y a échec, en chercher la cause avec l'étudiante. A cette occasion l'exhorter à mieux étudier, éveiller son ambition au besoin, l'aider dans ses difficultés, voilà ce qui est vraiment oeuvre d'éducation.

Favoriser les Entrevues Personnelles

Pour réussir tout ce travail, l'ins-

titutrice devra favoriser les entrevues personnelles, pour cela profiter de toutes les occasions, si minimes soient-elles, résultat des examens, échecs, travaux non remis, absences de cours, indiscipline. Au cours de ces entrevues, suivre une technique qui favorise les contacts positifs. Le succès de cette méthode est très important et son application est très délicate.

Compléter les Rapports et les Soumettre au "Comité d'Education"

Il est du devoir de la directrice des études de préparer un dossier sur lequel seront inscrits les points caractéristiques nécessaires à l'évaluation de la personnalité, au point de vue intellectuel et professionnel. Ce dossier préparé dès l'entrée de l'élève sera rempli au fur et à mesure des besoins et soumis au "Comité d'éducation" à la fin de chaque année, et sur demande de la directrice de l'école.

Voilà donc, en résumé un aspect du travail de la directrice des études ou d'une institutrice touchant l'éducation professionnelle de nos infirmières.

Ce travail si beau, si noble, requiert de la personne qui en est responsable une formation psycho-pédagogique adéquate, une personnalité équilibrée et très intégrée. De plus, certaines qualités morales ou plutôt certaines attitudes d'âme sont indispensables pour le succès de cette tâche si noble:

Un enthousiasme toujours neuf pour l'intérêt et la beauté de cette mission que l'on considère à juste titre comme "un sacerdoce."

Un calme persévérant qui évitera le feu de paille et créera cette atmosphère de sécurité et de paix que nos élèves ont tant besoin.

Enfin une très grande sympathie pour l'élève, non pour ce qu'elle est maintenant, difficile ou facile, mais surtout pour ses promesses d'avenir que l'on a l'honneur et la joie de préparer. Cette grande sympathie fera que nous considérons notre enseignement comme "une oeuvre de choix qui beaucoup d'amour."

Et nous en profiterons nous-mêmes comme d'un enrichissement personnel selon cette parole de J. Folliet:

"Avoir le sens des autres, c'est le sens de Dieu."

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Student Nurses - Student Teachers

Sister Mary Anne, O.L.M.

Several years ago a large cross was placed on the steeple of one of the churches of a Maritime city. At night the lights from this cross send out their shining beams for miles around. The ordinary citizen, on the street below, pays little heed to this beacon of light, 'tis merely another of the thousands that dispel the darkness of his native town. But to the sailor on the sea it comes as an answer to a prayer, a message land is near, a guide to the port of home.

As nurses, we have chosen to be living beacons to lead the less fortunate to ports of health and happiness. Some may consider our profession as

Sister Mary Anne is a member of Our Lady's Missionaries, Alexandria, Ont. She teaches obstetrical nursing in nearby Cornwall.

one of several in the service of humanity, but numberless others look to us for the message of returning vigor and for ways to lead them to this cherished goal. People of every rank and state in life come to us for help but perhaps none so frequently as the young mother. Great-grandmother may have asked her nurse for little except an attractive tray, a refreshing bath and care for her newborn babe, but her granddaughter of 1955 demands a great deal more than that. Modern obstetrics and early ambulation have made it possible for her to provide for many of her physical needs herself so now she looks to her nurse for instruction in her new life and how she can best prepare herself for the great career of motherhood. We must not let her down, the nurses of today must be equipped to meet this challenge of our modern age.

The task has fallen to us who are responsible for the teaching of the nurses of the future, those who are the students of today, to see that they become proficient not only in the care of the body but to an almost greater degree in that of the mind. If in the nursing procedures, after learning the theory, they must have several months of practice, we can hardly expect them to become competent teachers without some experience in this age-old art. Most students know their theory well, but the majority find it difficult to transpose it into common language for the benefit of people with no appreciation of our medical terms. A new problem has arisen, student nurses must become student teachers.

I suppose there are many ways of solving this problem but I shall suggest one that has proved popular with the students of Hotel Dieu Hospital.

Each of the students studying obstetrical nursing conducts a short prenatal class on subjects of interest to the expectant mother — i.e., nutrition, clothing, what to expect when admitted to the hospital, breast feeding, etc. For the prenatal group it was of course necessary to get someone on the intellectual level of the average young mother of today. The nearest group in the hospital was the preclinical class who were honored to be chosen for this important role.

What's in a name? The students realized that there is a lot so they chose catchy titles for their subjects to awaken interest. For example, to state only a few, "Those Mysterious Words" introduced an explanation of the medical terms that every woman hears while she is in labor and which may cause her to worry as she does not understand their meaning fully. "Woman's Great Privilege" impresses one class with the advantage of breast feeding. "Where baby first sees day" was an introduction to the delivery room.

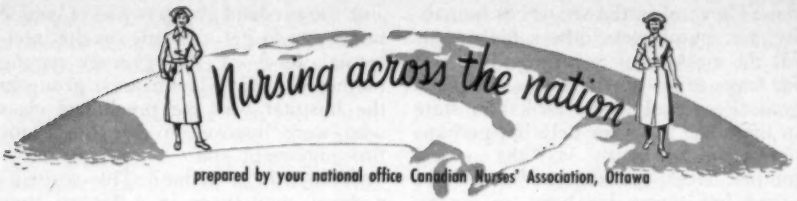
Then came the all-important part — the talks. In simple and attractive language, questions which fill every mother's heart were answered well. The hearers were impressed by reasons why the state of motherhood is greatest of them all. They saw more clearly the truth of, "The hand that rocks the cradle is the hand that rules the world."

Discussion at the end of each talk was encouraged and many questions were asked by the interested group, as, "My husband works 3 to 11 shift at a mill, and I would like to have free time to spend with him. Could I change my schedule and make my formulae in the evening?" How soon after my baby is born will I be able to resume my social activities?" "May I swim during my pregnancy?"

At the end a simple questionnaire was answered by the participants to reveal what they had obtained from the different lectures. The results were very satisfying and showed that the student teachers had really got their points across, and had made parenthood even more attractive to these mothers.

"Half the harm that is done in this world is due to people who want to feel important. They don't mean to do harm — but the harm does not interest them. Or they do not see it, or they justify it because they are absorbed in the endless struggle to think well of themselves."

— T. S. Elliot, *"The Cocktail Party."*



Radio Scripts

THROUGH THE ASSISTANCE of our Public Relations counsel, two radio scripts have been prepared for use in recruitment efforts at local chapter level. A one minute script which can be read by a nurse or an announcer outlines the opportunities in nursing.

The five-minute script is in the form of an interview-type broadcast in which an announcer of the radio station interviews a local nursing representative. A sufficient number of scripts in both English and French to cover the number of radio outlets in each province, will be forwarded to the provincial nurses' associations this month. Additional copies are available from National Office.

Most radio stations devote a small part of their daily broadcast time to public service programs or announcements. It is expected that they will be very willing to cooperate with the nursing profession in this endeavor.

Nurse — Heroine of New Book

We learn in the press clippings of a new book about a nurse, "Anna and the Indians" written by Mrs. Nan Shipley, a Manitoba housewife. The writer depicts the true story of a young Quebec nurse married to a missionary and working among the Indians in an isolated Manitoba settlement. Published by the Ryerson Press, this 237-page book took five years to compile. It involved a close study of the personal letters of the nurse which have been collected in the church archives in Toronto. Nurses and their activities do make fascinating tales — we shall look forward to reading this new tribute to a nurse.

Second Nutrition Conference

The importance of nutrition to the health of the nation was emphasized at the Second Nutrition Conference sponsored by the Nutrition Division of the Department of National Health and Welfare. The conference was held in Ottawa, July 5 - 8, 1955. The Canadian Nurses' Association was represented at the conference by the C.N.A. Nursing Service secretary.

Newer trends in nutrition and in hospital diets, current information on various food constituents and chemical additives, the problem of weight control and emergency feeding in civil defence were among the topics discussed by the various speakers. Municipal, provincial and federal activities were outlined and the nutrition work of non-governmental organizations such as Milk for Health Inc., Visiting Homemakers' Association of Toronto and the Montreal Diet Dispensary were explained.

Miss Vivian Adair of the Ottawa Department of Health spoke on "What the Public Health Nurse Needs from a Nutritionist."

Several small discussion groups were formed and one group discussed "How can nurses be helped to solve the nutrition problems they encounter?"

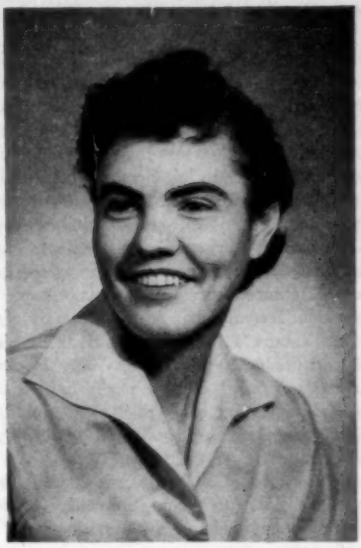
As one listened to the speakers and to the discussions, one realized the necessity for all nurses to keep informed of the newest developments in the field of nutrition and to be aware of the many sources of information available to help nurses in meeting the nutritional problems of patients and families and in teaching them the importance of nutrition in the maintenance of good health.

National Office will compile a list of printed materials available from various sources.

Scholarship Awarded

Following World War II, the British Commonwealth and Empire Nurses War Memorial Fund was established to honor nurses and midwives of the Commonwealth for their contribution during the war. Three times since 1949 a Canadian nurse has undertaken post-graduate study with the assistance of the Fund. A fourth recipient has now been chosen from applicants from the three prairie provinces and Newfoundland as requested by the Council of the Fund. Miss Doreen Brice of Saskatchewan will travel to Great Britain in September to undertake further study in the nursing care of patients undergoing thoracic surgery. We know that as the Canadian "scholar" she will represent Canada's nursing profession well.

Miss Brice, a graduate of the Regina Grey Nuns' Hospital School of Nursing, has been active in tuberculosis nursing for five years. For the past three years she has nursed at the Saskatoon Sanatorium as orthopedic supervisor.



DOREEN BRICE

Le Nursing à travers le pays

Textes radiophoniques

Avec le concours de notre conseiller en relations extérieures, deux textes ont été préparés pour radiodiffusion et pouvant servir au recrutement local.

Un texte d'une minute peut être lu par une infirmière ou par un annonceur: l'on y énumère les divers champs d'action de l'infirmière.

L'autre texte, d'une durée de cinq minutes, prend la forme d'un interview entre un annonceur de la radio et une infirmière de la région intéressée. Ces textes, en français et en anglais, préparés en nombre suffisant pour couvrir les postes de radio de chaque province, seront prochainement envoyés aux associations provinciales.

Presque tous les postes de radio consacrent une petite partie de leurs émissions quotidiennes à des programmes ou annonces se rapportant aux services d'intérêt public. Les infirmières comptent, en ce sens, sur la bienveillante collaboration de la radio.

Infirmière, héroïne d'un livre récemment publié

En lisant les journaux, nous avons appris qu'un ouvrage intitulé: "Anna and the Indians" venait d'être publié. L'auteur, Mme Nan Shipley, une ménagère du Manitoba, décrit la vie d'une jeune infirmière québécoise mariée à un missionnaire protestant et travaillant parmi les Indiens dans un endroit isolé du Manitoba. Publié par la Ryerson Press, ce volume de 237 pages a demandé cinq années de travail. Une étude détaillée a été faite des lettres personnelles de l'infirmière qui sont gardées dans les archives de la mission, à Toronto. Les infirmières dans l'exercice de leur profession peuvent faire l'objet de récits fascinants.

Deuxième Conférence sur la Nutrition

L'importance de la nutrition dans la santé d'un peuple a été soulignée avec emphase lors de la seconde conférence sur la nutrition

tenue à Ottawa, sous les auspices de la Division de la Nutrition du Ministère de la Santé et du Bien-Etre National. L'Association des Infirmières Canadiennes était représentée à ce Congrès par la Secrétaire du Service du Nursing. Les nouvelles tendances en nutrition et dans les régimes d'hôpitaux, renseignements sur les éléments constitutifs des divers aliments et les transformations chimiques, le problème du poids normal, de l'alimentation d'urgence dans la défense civile furent les principaux points discutés par les conférenciers. Le travail concernant la nutrition accompli par les organismes gouvernementaux à l'échelon municipal, provincial et fédéral et par les organisations privées tels que "La Santé par le Lait, Inc.", la "Visiting Homemakers Association" de Toronto et le "Montreal Diet Dispensary" fut expliqué.

Mlle V. Adair du Service de Santé d'Ottawa parla de "Ce qu'une infirmière hygiéniste doit apprendre d'une nutritionniste."

Plusieurs petits groupes furent formés et l'un, entre autres, discuta "Comment on peut aider une infirmière à résoudre les problèmes de nutrition qu'elle rencontre dans la pratique de sa profession?"

En écoutant les conférenciers on en est venu à la conclusion qu'il est très important pour les infirmières de se tenir au courant des développements dans le domaine de la nutrition. Il est nécessaire aussi que l'infirmière connaisse les sources de renseignements auxquelles elle peut recourir, susceptibles de l'aider à résoudre certains problèmes de nutrition posés par les familles et dont elle peut tirer profit dans les enseignements qu'elle doit donner sur l'importance de la nutrition et le maintien d'une bonne santé.

Le Secrétariat national dressera une liste des imprimés disponibles sur la nutrition.

Bourses d'Etudes

Après la deuxième Guerre, le "British Commonwealth and Empire Nurses War Memorial Fund" fut institué, en reconnaissance des services rendus par les infirmières et les sages-femmes durant la guerre. Depuis 1949, une bourse d'études provenant de ce fonds fut accordée, à trois reprises, à des infirmières canadiennes; une quatrième boursière a été choisie cette année parmi les candidates des trois provinces des prairies et de Terreneuve, ce fut Mlle Doreen Brice du Saskatchewan qui se rendra en Grande-Bretagne à l'automne pour y suivre un cours sur les soins en chirurgie thoracique. Mlle Brice est diplômée de l'Hôpital des Soeurs Grises de Régina; depuis cinq ans elle travaille en tuberculose, ces trois dernières années, à titre de surveillante, au Sanatorium de Saskatoon; nous sommes persuadées que cette infirmière représentera dignement le Canada et la profession d'infirmière.

Chez les nôtres:

Manuel: L'Association des Infirmières de la Province de Québec est heureuse d'annoncer la publication en français du "Hospital Nursing Service Manual". Nous exprimons toute notre reconnaissance à la National Health League pour nous avoir autorisées à traduire ce manuel. Nos remerciements vont également au Ministère de la Santé et du Bien-Etre.

Programme d'Etudes.

Le programme d'études préparé par l'Association des Infirmières de la Province de Québec sera réimprimé sous peu. Deux matières y ont été ajoutées: la psychologie et l'hygiène mentale. Le Comité s'est réuni et a travaillé sous l'habile direction du révérend Père Beausoleil, c.s.v. et de M. Claude Mailhot, éminents psychologues.

La convocatrice du Comité du Programme d'Etudes, Mlle P. Crevier, B.S.E. propose un plan très intéressant pour l'évaluation du programme mis à l'essai depuis un an.

N.B. Bien vouloir corriger l'erreur qui s'est glissée dans le No. d'août. Les affiches "Son nom est compassion" ont été publiées en anglais seulement.

It used to be thought that the breaking or clogging of an artery in the brain, was a quick forerunner of death. Nowadays, we are learning that a multitude of "little strokes" that cause momentary dizziness, unconsciousness or stomach upsets are a much more common part of aging than has been realized. By "little strokes" is meant the blocking of blood circulation to restricted parts of the brain by clots. Over a period these "accidents" may change the victim's personality, affect his memory, judgment, disposition and eventually kill him. (ISPS)

Annual Meeting in Nova Scotia

The 46th annual meeting of the Registered Nurses' Association of Nova Scotia was held in Amherst, June 15 to 17, 1955. Miss Jean Forbes, president, was in the chair.

The highlight of the opening day was the Association going on record as favoring a resolution for the inclusion of *The Canadian Nurse Journal* in the membership fee. This will increase the dues from $10.00 to $12.00. Notice of the resolution will go out to each member of the association. Miss Margaret Kerr editor of the *Journal* was the special speaker. She outlined the advantages and benefits to every nurse of receiving the official publication regularly.

The formation of a Student Nurses' Association for Nova Scotia was unanimously approved in principle. If the majority of the schools of nursing approve the idea, the organization of the student group will be proceeded with at once. Thirty student nurses were present at the meeting.

Another important item was the recommendation that a resolution be forwarded to the Nova Scotia Department of Health requesting financial aid for new construction and remodelling of nurses' residences to eliminate overcrowding.

A most interesting educational program arranged by Miss Rhoda MacDonald, school of nursing adviser, included:

(1) "Team Plan in Nursing" with staff members of the Nova Scotia Sanitorium as participants in the demonstration.

(2) "Provincial Maternal and Infant Welfare Plans" by Dr. E. L. Eagles, director of Maternal and Child Health for the Province of Nova Scotia.

(3) "Geriatric Nursing" by Miss Janet Brown, charge nurse, Camp Hill Hospital.

(4) "Student Project in History of Nursing" by Janet O'Neill, Halifax Infirmary student; "New Adventures at the Victoria General Hospital" by Adelaide Cameron, Victoria General Hospital student. "Our aim as Nova Scotia Nurses" — Miss MacDonald.

The new slate of officers includes: President — Mrs. Dorothy McKeown; 1st vice-president — Sister Catherine Gerard; 2nd vice-president — Miss Margaret Matheson; 3rd vice-president — Miss Maude MacLellan; recording secretary — Sister Marion Estelle.

Mrs. Ethel Armstrong Collins, CNA convention coordinator, spoke about the Biennial meeting to be held in Winnipeg, June 25-29, 1956. She outlined the post-convention tours and, in particular, described the fun for all that can be expected on the special convention train available for all Maritimers. C.N.R. representatives showed two every interesting films — one a cross-country view of Canada and one on Alaska.

GWENDOLYN HOPKINS
Convener of Publicity and Public Relations
Registered Nurses' Association of Nova Scotia.

Annual Meeting in Saskatchewan

ON MAY 26 AND 27, 1955, the Saskatchewan Registered Nurses' Association held its annual meeting in the Bessborough Hotel, Saskatoon. The president, Miss Grace Motta, presided at all sessions. The registration of 279 was a record attendance at an annual meeting in Saskatchewan.

The formal opening included the invocation by Father D. J. Mulcahey of St. Paul's Rectory, Saskatoon, an address of welcome by Mayor J. D. McAskill, and the address of the President of the S.R.N.A.

Reports were interesting and showed continued evidence of the growth of the association. Reports were presented by the executive-secretary, treasurer, Nurse Placement Service, Educational Policy Committee, adviser to Schools of Nursing, the Chapters, Loan Fund Committee, etc.

The S.R.N.A. accepted a complete set of new by-laws at the annual meeting. These by-laws change the committee structure of the S.R.N.A. so that as of May, 1956 it will be in line with the committee structure of the C.N.A. Equally important, however, was the acceptance of the by-laws respecting nursing assistants, introduced for approval following changes in the Nurses' Act at the 1955 session of the Legislature in Saskatchewan when legislation respecting

nursing assistants was approved within the Act.

Stimulating, challenging and thought provoking are the words best used to describe the exciting address presented at the annual meeting by Dr. Verne Kallejian, director of Education of the American Hospital Association. He spoke on the subject "Personnel Problems and some solutions for them." Dr. Kallejian left an audience crying for more. We look forward to a return appearance.

In this, the Jubilee Year of the Province of Saskatchewan, the members were delighted to welcome Mrs. Jean Thomson (nee Browne), first president of the S.R.N.A., as a special guest. Mrs. Thomson's brief address, recalling some of the early history of the formation of the Association, was filled with a wealth of information for all those working to collect historical data of our early beginnings as an organization. Those present were filled with pride in their first president and really took her to their hearts.

The presentation "Nursing Yesterday, Today and Tomorrow" by four of our members in this, our province's birthday year was much enjoyed. Through pictures and speech Miss Elizabeth Smith and Miss Gladys McDonald presented "Nursing Yesterday," Miss Myrtle Crawford looked at the present and spoke on "Nursing Today," while Miss Isabelle Langstaff peered into the future and spoke on "Nursing Tomorrow."

Miss Rita MacIsaac was a welcome guest from the staff of National Office. Her adress, "Public Relations for the Nurse," was certainly timely and much appreciated by those present.

The three standing committees met in separate sessions the morning of May 27. The Institutional Nursing Committee, under the chairmanship of Miss Mary T. Mackenzie heard a panel presentation on "Nursing Orders and their Plan in Nursing Care" chaired by Miss Lucy Willis with Miss Heieren, Miss Manson and Mrs. Montgomery as participants. The Public Health Nursing Committee, with Miss Dorothy Hopkins as chairman, listened to a highly informative paper on "The Poliomyelitis Vaccine Trail" given by Dr. S. C. Best, director of Maternal and Child Health, Provincial Department of Public Health. Miss Emily Robinson, as chairman of the Private Nursing Committee, conducted a session devoted entirely to problems relative to private nursing practice.

While the standing committees were engaged in special session, the student nurse delegates, representing all eleven schools of nursing in Saskatchewan, first listened to an address "Working in a Rural Hospital can be an Exciting Experience," by Miss Patricia McGrath, Nursing Hospital Inspector, Provincial Department of Public Health. Then they carried on a very stimulating and frank discussion of employment in rural hospitals. When they had exhausted this subject to their satisfaction they adjourned for a tour of the new University of Saskatchewan Hospital.

Miss Myrtle Crawford, chairman of the Arrangements Committee, and the members of her committee did an excellent job in preparing for the social activities. Co-hostess chapters were Humboldt, North Battleford, Prince Albert and Saskatoon. Social activities included a luncheon with musical program by the University of Saskatchewan School of Nursing Glee Club; a parade of uniforms, old and new, representing the schools of nursing in Saskatchewan; and a coffee party at which piano and violin solos and selections by the Saskatoon City Hospital School of Nursing Glee Club added to the enjoyment of those present.

The mailed ballot, sent to all members of the Association prior to the annual meeting resulted in the election of the following officers to the Council for 1955-1956: President, Miss Mary T. Mackenzie; first vice-president, Miss Louise Miner; second vice-president, Sister Rosaire; councillor, Mrs. Alice Greening; committee chairman: Institutional Nursing, Miss Patricia McGrath; Public Health Nursing, Miss Isabelle Langstaff; Private Nursing, Miss Emily Robinson.

LOLA WILSON,
Executive-Secretary Registrar
Saskatchewan Registered
Nurses' Association.

Careful observation will develop your concentration, broaden your mind and strengthen your power of originality. Let your aim be to make your observation correct and adequate. Be interested and eager regarding the things you observe. The more enthusiasm you can arouse in yourself, the more productive will your observation become.

— GRENVILLE KLEISER

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Sélection

Rapport sur les Journées d'étude sur l'Administration du Service Central et des Salles d'Opération, tenues à Montréal, du 13 au 16 juin 1955.

CES INTÉRESSANTES ASSISES, tenues en anglais, à l'Hôtel Mont-Royal, one été présidées par Mlle Marian L. Fox, R.N., Nursing Specialist de l'American Hospital Association de Chicago, assistée de Mlles M. C. Griffin, Assistant-Director et Mlle E. Prickett, R.N., Operating Room Consultant, Department of Hospital Nursing, New York, et Mlle Mary H. Anderson, R.N., Central Service Supervisor, de Grant Hospital, Chicago.

Il est impossible, dans l'espace qui nous est réservé, de rendre justice à tous les conférenciers qui nous ont intéressées au cours de cette semaine. Nous nous contenterons donc d'un bref résumé des travaux les plus importants.

LUNDI, 13 JUIN

Mlles A. W. Lindsay de L'Association des Infirmières de la P.Q. et Alice Girard, directrice du Nursing à l'Hôpital Saint-Luc, Montréal, eurent l'honneur de présider les deux premières séances.

M. Stuart M. Finlayson, Président de la Cie Marconi, ouvre la série des causeries en nous donnant un magnifique travail sur la façon de conduire un personnel. Il nous expose tout d'abord l'importance de retenir les services d'un directeur compétent, puis nous donne une série de conseils relativement à l'obtention du meilleur rendement de toute catégorie d'employés.

Mlle A. E. Prickett vient ensuite nous développer, dans un magistral exposé, l'application de ces principes dans notre propre sphère. L'Hôpital, nous dit-elle, étant un centre complexe, il est de première importance, pour les dirigeants d'aujourd'hui, d'orienter les infirmières de demain vers la position de chef. Pour arriver à ce but, il faut dresser un plan de travail sérieux et le suivre à la lettre. La dirigeante, dit-elle, doit respecter la personnalité de chacune, être sympathique, écouter l'énoncé des griefs, même les critiques, et tout cela avec le plus d'humour possible.

Au cours de l'après-midi, Mlle M. C. Griffin, R.N. nous a développé les procédés les plus modernes d'enseignement, procédés basés surtout sur la science du professeur, son dévouement et sa personnalité. En somme, un bel exposé de pédagogie moderne.

Mlle Phyllis A. Norton, de Hospital for Sick Children of Toronto, nous a vivement intéressées. Beau travail sur le programme à suivre dans l'orientation, la régie interne et le Service central d'un hôpital pour enfants. En toute justice pour Mlle Norton, il nous faudrait rapporter ici son travail au complet; c'est malheureusement chose impossible.

MARDI, 14 JUIN

Sous la présidence de Mlle Helene M. Lamont, R.N. Director of Nursing, Royal Victoria Hospital. Le Dr. Klarman et M. John Perkins, directeur des recherches de l'American Sterilization, ont traité des principes et des méthodes de désinfection et de stérilisation. Exposés scientifiques très intéressants. Comme conclusion, aucun contrôle automatique ne peut remplacer un être humain dans la préparation et la surveillance d'une bonne stérilisation.

Mlle Margaret C. Griffin de National Health League of New York, préside aux délibérations de l'après-midi. Mlle Mary H. Anderson, du Grant Hospital de Chicago, nous développe ensuite un plan d'organisation du Service central pour satisfaire aux exigences d'un hôpital moderne.

MERCREDI, 15 JUIN

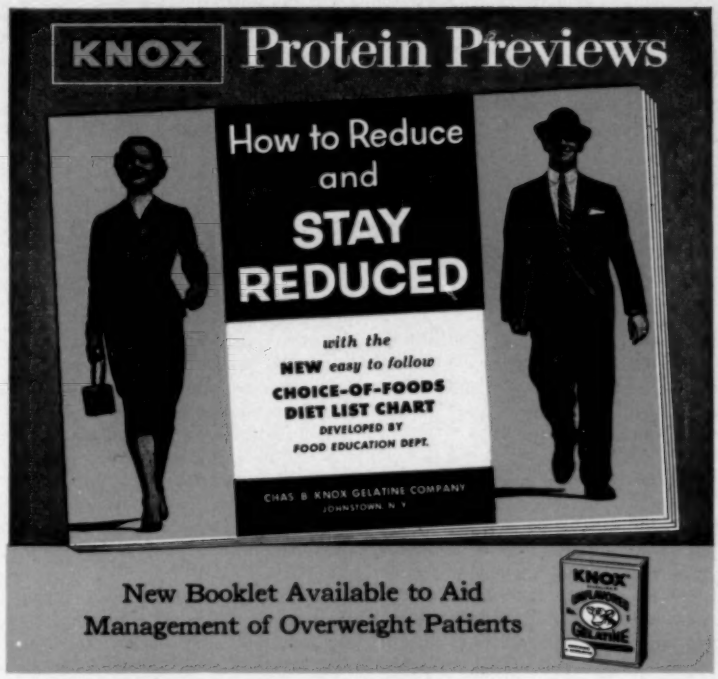
Révérende Soeur Annette Dion préside la réunion de l'avant-midi. "Amélioration des méthodes appliquées conjointement au Service central et aux salles d'opérations", tel est le sujet traité par Mlle Edna Prickett. Avec quelle autorité et quelle finesse Mlle Prickett nous a mises en garde contre la routine dans l'exercice de nos fonctions!

Tous les auditeurs furent ensuite invités à prendre part à une discussion générale. Sans aucun doute, les heures qui suivirent furent parmi les plus intéressantes et les plus constructives de la semaine. Comment, quand et pourquoi faites-vous ou ne faites-vous pas telle ou telle chose chez-vous? Vous pouvez vous imaginer avec quel intérêt questions et réponses furent écoutées et discutées.

Pour terminer cette journée, une visite des deux nouvelles institutions montréalaises: Hôpital Maisonneuve et Montreal General Hospital.

JEUDI, 16 JUIN

L'administrateur de l'Hôpital St. Mary, de Montréal, M. G. J. Bartel, préside les



The 1955 edition of the well-known Knox "Eat-and-Reduce" booklet eliminates calorie counting for obese patients under your care. This year's edition is based on the use of Food Exchange Lists[1] which have proved so accurate in the dietary management of diabetics.

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1. Developed by the U.S. Public Health Service assisted by committees of The American Diabetes Association, Inc. and The American Dietetic Association.

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réunions du jeudi. Thème de la journée: Standardisation.

Tous les rapporteurs de la semaine se sont alors groupés pour nous faire assister à une réunion d'un comité de standardisation bien organisé. Nous avons été à même de constater l'efficacité et l'importance du rôle qu'un tel comité est appelé à jouer dans tout hôpital. En effet, avec combien plus de satisfaction chacun dans sa propre sphère peut accomplir son propre travail lorsqu'il y a unité de direction!

La séance de clôture fut présidée par Mlle Prickett. Chaque auditeur fut d'abord invité à remettre par écrit ses réflexions personnelles.

Le Dr. Gilbert Turner, directeur de l'Hôpital Royal Victoria, procéda à la remise des certificats. Le mot de la fin nous fut donné par le révérend Père Hector L. Bertrand, s.j., du Comité des Hôpitaux du Québec. Il nous a surtout conseillé de procéder avec prudence dans l'application des nouvelles connaissances acquises au cours.

Book Reviews

Teaching and Learning, a Textbook in Educational Psychology, by S. R. Laycock, Ph.D. 311 pages. The Copp Clark Co. Limited, 103 St. Clair Ave. W., Toronto 5, Ont. 1954. Price $3.50.

Reviewed by Mary L. Richmond, Educational Director, Royal Jubilee Hospital, Victoria, B.C.

As the subtitle states, this is a "Textbook in Educational Psychology." It is written as a text for "student teachers at the beginning of their teacher-education course."

Dr. Laycock deals with general education, and gears his references and illustrations to the public school system. "Teaching and Learning" outlines the place of the school in society, the pattern of growth and development of boys and girls, their individual differences, and how and why they learn. It introduces the basic concepts of educational psychology, quoting widely from the research of many authorities. The language is simple. The book reads easily. Each chapter is followed by a stimulating list of questions for classroom discussion, and by wide references.

The viewpoint is neither that of the extreme progressivist nor the die-hard traditionalist. While accepting the individual child as the pivot point for a school program, the author throughout reiterates the importance of the role of the teacher, beginning with the theme "teaching becomes essentially a job in human relations," and ending "The first job of the teacher is to establish satisfactory human relationships with his pupils."

What place has such a text in a school of nursing? I found myself mentally substituting "student" for "boys and girls," and "the ward" for "the classroom." With such a substitution, which evolves easily, this book can become of invaluable assistance to an instructor, or a head nurse concerned about her role as a teacher. Let me quote but three passages:

"The teacher's job is to organize experiences in which pupils will find success in accordance with their abilities after good effort."

"The danger of the specialist is that (she) becomes so absorbed in teaching (her) pet subject, that (she) forgets (she) is teaching boys and girls."

"The group must function as a team with the teacher (head nurse) as an accepted member of the team in the role of guide and leader. In such a situation, the basic needs of (students) for affection, belonging, independence, achievement, recognition, and self-esteem can be met. In addition, (students) learn social skills which are vital for citizenship in the complex world of today, namely the skills of thinking through and solving problems by cooperating with others who differ in intelligence, knowledge, attitudes, and points of view, or who differ in race, religion or social background."

Dr. Laycock's love for boys and girls shows through. So also does his love for teaching. This book helps one to both understand and like students, and to be proud of her role as a teacher. The last sentences indicate the tone of the text, and the very real satisfactions which the author, himself an outstanding teacher, has derived from his profession.

"Throughout his life, (the teacher) finds

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the bond with his former pupils a most enriching one. He meets his former pupils everywhere, rejoices in their successes, and is interested in their welfare. They, in turn, are interested in him, and his welfare, and are usually proud of having been his pupils."

A Handbook for Mental Nurses, by A. A. W. Petrie, M.D., et al. 476 pages. The MacMillan Co. of Canada, 70 Bond St., Toronto, Ont. 8th Ed. 1954. Price $3.60.

Reviewed by Margaret E. D. Robertz, Supervisor, Psychiatric ward, Royal Jubilee Hospital, Victoria, B.C.

The first edition of this book was published in 1885. It consisted of 64 pages and was called "The Handbook for Attendants on the Insane." Now, in its 8th printing, it is a most up-to-date text of nearly 500 pages.

The book begins with the structure and function of the nervous system. This is followed by a consideration of the mind and how it works, — first its normal, then its less normal functions. Mental illness, in its minor and major forms, is followed by chapters on the various treatment forms, and the allied services rendered by the occupational therapist, social worker and psychologist. The final chapter presents an interesting and informative discourse on "Law and Mental Illness" as found in different parts of the British Isles.

The Handbook is to be commended for its clearly written text. Its brevity and well outlined form enable the reader to quickly grasp the clinical picture and treatment of the various mental illnesses. It is felt that greater attention should have been focussed upon the prime importance of enlightened, informed, psychiatric nursing care, and that more adequate information and reference material should have been included around the various psychiatric disease syndromes.

This text would be useful for both student and graduate nurses, supplying as it does a concise but comprehensive source of reference material.

The Use of Drugs, a Textbook of Pharmacology and Therapeutics for Nurses, by Walter Modell, M.D., and Doris J. Place, R.N. 468 pages. Burns and MacEachern, 12 Grenville St., Toronto 6, Ont. 1953. Price $4.50.

Reviewed by Mrs. Lenore (Wright) McGinnis, Science Instructor, School of Nursing, Winnipeg General Hospital.

Drug therapy has been so rapidly and radically changing during recent years, that the nurse must develop an entirely new approach to the study of pharmacology. This book was written for the purpose of helping her to develop that new viewpoint. As the authors state in the foreword "in presentation and selection of material, it emphasizes what the nurse needs to know about drugs and their use."

The book is divided into four sections, with several related topics considered in each main section. In Part 1, Principles of Pharmacology, the authors have clearly outlined the responsibilities of the nurse in the preparation and administration of drugs. This phase of the course is discussed in every good Pharmacology text for nurses, but it is of utmost importance, and most certainly could not be omitted.

It is Part II, Principles of Therapeutics, that contains the fresh approach to the subject. In this section, considerable detail is used in describing particular disease conditions both from an anatomical and physiological point of view. The material is excellent. It is obvious that a great deal of research has been done in order to compile it so concisely. Certainly it is necessary for the nurse to understand basic anatomy and physiology before the study of drugs is undertaken. Just as important, she must understand the variations from the normal so that she will understand the expected action of a drug on a particular disease or symptom. In all cases, except that of Treatment of Cardiovascular Disorders (wherein the preparations used are discussed thoroughly), the drugs are given as examples here and are completely outlined as to source, action, dosage, uses and symptoms of overdosage, in Part IV, Materia Medica.

Part III, The Medicine, deals in part with the prescription, how it is written and its interpretation. A few chapters in this section are devoted to drugs and solutions. The information here is necessarily limited. It does not give the examples and detail that a text in drugs and solutions would be expected to include. There are two valuable tables included — one containing common Latin words, and abbreviations with the English equivalent, and one containing the Latin and English names of common drugs.

Part IV, Materia Medica, is an extensive, concise, but complete alphabetical list of all drugs in common use today. Following

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the theme of the whole text, it is "information the nurse needs and wants — easy to understand and easy to find."

As a classroom text, I would not recommend this book, but as a reference book for both the student nurse and the nurse instructor, it is invaluable. It is the type of book that should be included in every ward library.

Berkeley's Handbook of Midwifery, by Arnold Walker, C.B.E. et al. 411 pages. British Book Service (Canada) Ltd., Kingswood House, 1068 Broadview Ave., Toronto 6, Ont. 1953. Price $3.50.

Reviewed by Mrs. Elizabeth Hackett, Halifax, N.S.

This is the 14th edition of a well known and much used handbook for graduate and student midwives. Originally produced in Great Britain by Sir Comyns Berkeley in 1906 and republished under his direction until his death in 1946, the present edition perpetuates his name. Among new features is a section on the newborn infant. The book follows through pregnancy, labor, puerperium and the newborn infant with an added section on blood transfusion and the Rh factor. There are several color plates and numerous well described illustrations. As it is written for the practice of midwifery the contents are geared for this group. For that reason considerable factual and advanced information is given beyond that required for graduate nurses. Withal, the presentation seems definite and compact, with concise sub-titles and listings clearly located.

As a nurse engaged in obstetrical nursing in the public health field this reviewer finds the book interesting and informative. While midwifery is not sanctioned in our country the subject matter points up their duties and qualifications, and in so doing, adds to our own knowledge and understanding.

Health Services for the Child, by Edward R. Schlesinger, M.D. 403 pages. McGraw-Hill Co. of Canada, Ltd., Toronto, Ont. 1953. Price $9.00.

Reviewed by Ruth Akagawa, City Health Department, Winnipeg, Man.

In this book, the author has successfully fulfilled his purpose in convincingly presenting to us an integrated picture of the diversified community health services for mothers and children, and in emphasizing the importance of the role of the family physician in the public health program.

In order to reach this total health program for the child, he interprets the principles and techniques involved, and discusses the importance of the cooperative efforts of all community agencies, public health workers and doctors toward a common goal, to achieve the greatest possible physical, mental and social well being of all children in the community.

The book is written in four sections with appendices, index and a list of visual aids.

Part one — Basic Considerations. Under this section, Dr. Schlesinger deals with the planning and evaluation of child health services, administrative relationships, implementing the child health program, services of professional personnel.

Part two — Essential Health Services. The author advocates health appraisal as an essential first step in the health services for individual children. He promotes emotional well being of the individual, and discusses factors that influence the personality of the child. Control of communicable diseases, dental and nutritional services as well as promotion of child safety are valuable chapters as reference and guides for public health nurses.

Part-three — Health Supervision. This is "the mechanism through which basic health services are brought to bear upon presumably normal individuals during the maternal cycle and from birth through adolescence." He discusses the principles and the importance of supervision during various stages of growth to maintain positive health.

Part four — Special Problems. There is a comprehensive approach to the intellectual, social and emotional handicaps as well as to the medical problems associated with the growth and development of children. These chapters will be of special interest to those engaged in the school health program.

I was impressed by the great variety in the selection of cited references used in this book. Tremendous study and effort went into its preparation. Although it may have been written primarily for the busy practising physician, it is an invaluable contribution in the field of public health and to all those interested in the community health program for children.

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Nursing Sisters

Editor's Note: The following material is a condensation of a lengthy description of that nearly new creature 80 years ago — a qualified nurse. It is abstracted from a tattered copy of *Chamber's Journal,* published in London, England, on May 15, 1875. What a far cry from the training methods of today!

In London there are institutions of an interesting character, about which the majority of its inhabitants know very little... They are designed to educate and supply nurses... The mode of initiation is as follows: An aspirant to the profession must be of a certain age (28 is the minimum at present but it is the intention to receive more youthful candidates); she must be unmarried, or at all events, without a living husband (indeed, a large proportion of the Sisters are widows). She must come provided with credentials as to character; and to prevent any frivolous or temporary engagements, she is required to deposit two pounds which is returned to her at the rate of five shillings a week during the first two months of her probation period.

The probation is an attendance of four months in one of the hospitals. The candidate must attend daily at the hospital, assisting the regular nurses and so becoming acquainted with the details of her intended vocation. The period of her probation ended she is sent out to private patients; and if proving capable is promoted to the full rank of a Sister... As a candidate she is paid ten shillings per week during the time she is actually engaged in nursing. When returned from a turn of duty and residing at the home, her pay ceases, though she is provided with everything else. On attaining the title of sister, she receives a regular annual salary, graduated according to the years of service: 1st year, 20 pounds; 2nd year, 23 pounds; subsequent years, 25 pounds. In addition she receives annually a sufficient quantity of appropriate apparel and is maintained in the home in the intervals of her engagements.

Having completed a service of 15 years, she is a "superannuated sister" and becomes entitled to a life pension of 20 pounds per annum. She can then retire from the Institution and practice nursing on her own account... A sister can retire earlier by giving three months' notice of her intention and by paying a forfeit of six pounds.

The fee charged for nursing service is one guinea a week. The payment is made directly to the superintendent of the Institution. Not infrequently grateful patients insist upon making a gift of money or leaving a legacy to the Sister who has nursed them. In such cases the Sister must make over the amount to the general fund of the Institution where it is held for her in trust until she retires.

Knowing the too frequent failings of nurses of the old type, readers will be glad to know Nursing Sisters are, in general, women of graceful manners and modest deportment. Many of them are most respectably connected, and so far from being repellent in aspect, as nurses are generally supposed to be, some that I have seen are exceedingly comely. Cases are on record of where a Nursing Sister has become the wife of some rich invalid she has tended into convalescence.

Fruit Names

Names of several fruits are so ancient that their origin is lost in antiquity. That is the case with the apple, fig, lemon, orange, lime, olive and pear. Other fruit names, however, tell something of their own stories.

At the dawn of modern times, a number of trees were imported from Persia by the Greeks. Fruit from the "Persian tree" was known as *persicum;* passing through several languages, the name entered English as peach.

Some centuries after the peach episode, about 100 B.C., a Roman general discovered another delicacy. It grew in Cerasos, a city in Pontus, and was soon being shipped to Rome for imperial banquets. Called *cerasus* in that era, it eventually became cherry. This type of name formation was repeated

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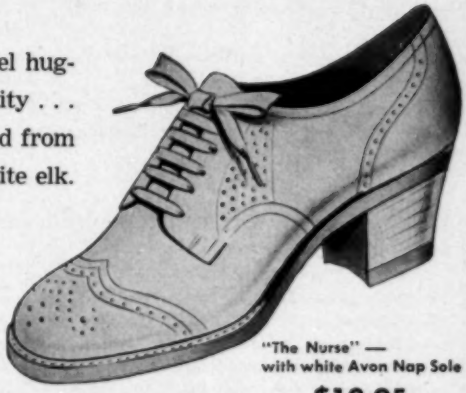

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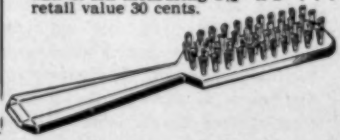

when oranges from Tangier, in Morocco, came to be known as *tangerines.*

Ancient Bedouins called one of their favorite fruits *all-burquq* (the early-ripener). Passing through Portuguese to French to English, the name became *apricot.*

Both the *date* and the *banana* are so called because they are shaped somewhat like a human finger. The former term evolved from a Greek word for "finger," and the latter developed when traders mistook an African word for the Arabic *banan* (finger). A similar misunderstanding gave the *avocado* its name. Spanish adventurers found the fruit in South America and asked what it was called. Natives said *"ahuacatl,"* which sounded a bit like *avocado,* Spanish for "cowlike." Once bestowed, the name stuck.

— Webb B. Garrison

* * *

A wise man's prayer: "May I never be caught talking when I should be listening."

Do Pre-Shrunk Cottons Shrink?

Several complaints have been made lately by people who said they have bought cottons labelled pre-shrunk, "Rigmel-shrunk," or "Sanforized," washed them, and then had them shrink considerably when dried in the dryer. Not only that, but cotton which had shown no shrinkage in many previous washings seemed to suddenly start to shrink when a dryer was installed as part of the laundry equipment. What was causing this sudden shrinkage and how could it be avoided in the future?

In answer to this the National Research Council in Ottawa spent some time investigating and then published a report on the problem.

When tumble-dried a fabric is full of minute wrinkles. Since these are not sharp or particularly noticeable, many items may be worn without ironing. However, there is an "apparent shrinkage" caused by these almost imperceptible wrinkles in unpressed fabric. Pre-shrunk fabric will return to its original dimensions if it is redampened and pressed flat. Thus, the actual trouble lies not with the dryer nor with the fabric, but in an understanding of what the term "pre-shrunk" means. The guarantee assumes that after laundering, the garment made from the pre-shrunk fabric will be finished by flat-pressing. If the fabric is used in a tumble-dried condition without being pressed, the guarantee of "minimal shrinkage" will not hold.

In the home, leaving certain items like sheets and children's clothing tumble-dried saves time and energy. In the commercial laundry a less expensive service can be offered when laundry is returned to the consumer in a tumble-dried condition and the pressing is eliminated. If because of economic reasons or personal preference, the consumer wishes garments to be tumble-dried rather than pressed, the only way to ensure proper fit in the laundered garments is to purchase the garments in a larger size so that they will be a reasonable fit in the wrinkled condition which results from tumble-drying. For garments you already own, a partial solution would be to remove them from the dryer when still faintly moist, pull out, smooth and fold carefully, and place on the warm surface of the dryer to press themselves with their own slightly moist weight.

The full benefits of pre-shrunk fabrics can only be obtained when they are pressed after laundering. If the consumer does not wish to iron them, then she must make allowances for the wrinkle shrinkage.

— Bulletin of the Canadian Association of Consumers

Alberta

The following are staff changes in the Department of Health:

Appointments — *Margaret Feyrer* (Univ. of Alta.) to New Brigden. *Joyce Frodsham* (Clatterbridge Gen. Hosp., England) to MacLeod-PincherCreek H.U. *Florence Haley* (Leicester Royal Infirmary, England) to Bonanza. *Hazel Jackson* (U. of A., B.Sc.) to Youngstown. *Ellen O'Donovan* (Heath Hosp., Dublin) to Tangent. *Louise Schepers* to Foremost. *Mrs. Jean Wright* was appointed assistant to the Acting Director of Health Units this spring.

Resignations — *Mrs. Marolin Dahl* from New Brigden. *Mrs. Pearl Fletcher* from Bonanza.

Leave of Absence — *Janet Gavigan* and *Ingor Sorensen.*

British Columbia

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Division of Public Health Nursing, Dept. of Health and Welfare:

Appointments — *Mrs. Nora Aason* (Winnipeg Gen. Hosp., U.B.C) to Nanaimo, Central V.I.H.U. *Patricia Baillie* (Wellesley Hosp., Toronto, Univ. of West. Ont.) to Courtenay, Upper Island H.U. *Alberta Brown* (Vancouver Gen. Hosp., B.S.N.-U.B.C.) to Fort St. John, Peace River H.U. *Betty Cardiff* (Royal Jubilee Hosp., Victoria, U.B.C.) to Castlegar in West Kootenay H.U. *Solvig Carlson* (V.G.H.) to Prince Rupert, Skeena H.U. *Flora Crawford* (Stobhill General, Glasgow, Scotland, Univ. of Scotland, Motherwell Maternity, Queen's Institute, Glasgow and Plunket Society, N.Z.) to Lillooet, South Central H.U. *Joan Fisher* (V.G.H., B.N.-U.B.C.) to Kelowna in South Okanagan H.U. *Elsie Gildner* (R.J.H., Victoria) to Prince George, Cariboo H.U. *Alice Heron* (R.J.H., U.B.C.) to Abbotsford, Upper Fraser H.U. *Mrs. Louise Houde* (St. Paul's Hosp. Vancouver, U.B.C.) to Prince George, Cariboo H.U. *Mrs. Nan MacFarlane* reappointed to Kamloops, South Central H.U. *Mrs. Doris Pearson* (Montreal Gen. Hosp., McGill Univ.) to Salmon Arm, North Okanagan H.U. *Kathleen Riley* (St. Jos. Hosp. Victoria, U.B.C.) to Saanich and South V.I.H.U. *Mrs. Beryl Sussel* (Royal Columbian Hosp. New Westminster, U.B.C.) to Ocean Falls. *Joan Till* (Leeds Infirmary, England and Leeds Univ.) to Grand Forks, W. Kootenay H. U. *Mrs. Mary Woollam* (V.G.H., U.B.C.) to Enderby, North Okanagan H.U.

Transfers — *Doris Carter* from Abbotsford Upper Fraser H.U. to Nanaimo, Central V.I.H.U. *Lavinia Crane* from Squamish to Abbotsford, Upper Fraser H.U. *Evalyn Greene* from Saanich to Vernon, North Okanagan H.U. as senior nurse. *May Macartney* from Upper Fraser H.U. to Cloverdale, Boundary H.U. *Mrs. Pauline Yaholnitsky* from Quesnel to Prince George, Cariboo H.U.

Returning after leave of absence — From U.B.C. — *Vera Andrews* to Cranbrook, East Kootenay H.U. *Willa Davies* to Abbotsford, Upper Fraser H.U. *Mary Keller* to Burns Lake, Cariboo H.U. *Evelyne Mitchell* to Greenwood, W. Kootenay H.U. *Kathleen Robertson* to Chilliwack, Upper Fraser, H.U. *Kerstin Weber* to Powell River, Upper Island H.U. From McGill Univ. — *Amy Myers* to Gibsons Public Health Nursing District. *Neda Nichyporuk* to Courtenay, Upper Island H.U. *Betty*

Overwhelming clinical evidence

cites efficient safe relief

from Constipation and Gastrointestinal distress in teething babies

Baby's Own Tablets

RECENT CLINICAL STUDIES[1] in infants corroborate extensive use in everyday practice regarding the notable safety and efficiency of Baby's Own Tablets.

SATISFACTORY RELIEF FROM CONSTIPATION and TEETHING SYMPTOMS—amelioration of malaise, crankiness, fretfulness, colic and moderate fever—in 47 of 48 babies.

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SO SAFE have millions upon millions of doses of phenolphthalein proven[2-12] —with even 130 grains causing no untoward effects—that should a child swallow all the tablets in a package of Baby's Own (containing 5 5/8 grains of the drug) there would be no cause for alarm.

Send for a sample supply and literature citing references [1-12].

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Anne Page to Chilliwack, Upper Fraser H.U. *Marguerite Perry* to Revelstoke, North Okanagan H.U. From U. of T. — *Helen Pyne* to Prince Rupert, Skeena H.U.

Resignations — *Mrs. Betsy Becker* from Qualicum. *Mrs. Ilaria (Bett) Brownlee* from Saanich and South V.I.H.U. *Margaret Cammaert* from Consultant P.H.N., to WHO. *Margaret Campbell* from assistant director P.H.N. to WHO, Teheran. *Mrs. Xannie Charles* from Quesnel. *Mae Conn* from Enderby to join R.C.A.F. *Miriam Cressman* from Terrace, Skeena H.U. *Kathleen Cruickshank* from Chilliwack. *Mrs. Muriel Dann* from Courtenay. *Mrs. Paula (Schworer) Dickie* from Duncan. *Oonagh Donald* from Saanich and South V.I.H.U. *Eileen Ganong* from Squamish. *Mrs. Janet (Grieve) Hamm* from Burns Lake. *Mrs. Bertah Heaton* from Chilliwack. *Mrs. Betty Anne Horne* from Cloverdale. *Mrs. Elaine (Thompson) Lange* from Port Alberni. *Mrs. Margaret Lyons* from Courtenay. *Mrs. Marguerite Martin* from Dawson Creek. *Lorene Monahan* from Chilliwack. *Mrs. Clara Nygren* from Gibsons P.H.N. District. *Mrs. Doreen (Gifford) Park* from Prince George. *Mrs. Letty (Watson) Stanason* from Vernon, *Mrs. Elizabeth (Tisdale) Weir* from Trail. *Marion Williams* from Skeena H.U.

Leave of absence — To U.B.C. — *Irene Antonenko, Mrs. Hilda Costerton, Lorna Dyck, Betty Hopkins, Marion Lea, Bertha Lowen, Eleanor Rawlings, Thiera Sargent, Thelma Seiffert, Mrs. Irene Witt.* To McGill — *Joan Brasher, Jessie McEachern, Norah Woods. Lula McComb* to Univ. of West. Ont. *Sylvia Heska* to Univ. of Saskatchewan. *Joan Russell* to Univ. of Toronto.

Ontario

The following are staff changes in the Ontario Public Health Services:

Appointments — *Rita Berbee* (St. Michael's Hosp., Toronto, Univ. of Ottawa cert. course) to Amherstburg. *Alice Riddle* (Brantford Gen. Hosp., Univ. of West. Ont. cert. course) to Brant Co. H.U. *Iris Yake* (Guelph Gen. Hosp., Univ. of Toronto gen. course) to Bruce Co. H.U. *Isabell Christie* (Montreal Gen. Hosp., U. of T. gen. course) to Chatham B.H. *Grace Scott* (Wellesley Hosp., Toronto, U. of T. and Queen's Univ. cert. course) to Dufferin Co. H.U. *Marguerite Ellsworth* (McMaster Univ. B.Sc.N., U. of T. gen. course) to Fort Frances. *Sarah Cameron* (M.G.H., U. of T. gen. course) to Galt B.H. *Helen Riddolls* (Brantford Gen. Hosp., U. of T. gen. course) to Guelph B.H. *Shirley MacIver* (Hospital for Sick Children, U. of T. gen. course) *Mary Petrone* (St. Jos. Hosp., Port Arthur, Univ. of Ottawa cert. course); *Patricia Steen* (Toronto Gen. Hosp., U. of West. Ont. cert. course); *Joan Thomas* (Cornwall Gen. Hosp., U. of T. gen. course) all to Fort William and District H.U. *Frances Lummiss* (St. Michael's Hosp., U. of T. gen. course); *Jean Rowe* (Hamilton Gen. Hosp., U. of T. gen. course) *Elizabeth Schaefer* (St. Mary's Hosp. Kitchener, U. of T. gen. course) all to Halton Co. H.U. *Harriette Wilson* (T.G.H., U. of T. gen. course) to Hanover, B.H. *Gwendolyn Barr* (Toronto West. Hosp., U. of T. gen. course); *Betty Coney* (Misericordia Gen. Hosp. Winnipeg, U. of T. gen. course); *Dorothy Sewell* (Owen Sound Gen. and Marine Hosp., U. of West. Ont. cert. course) all to Huron Co. H.U. *Helen Fraser* (St. Jos. Hosp. Peterborough U. of T. gen. course); *Jean Humphrey* (T.G.H., U. of T. gen. course); *Jean Turner* (Woodstock Gen. Hosp., U. of T. gen. course) all to the Kenora-Keewatin-Dryden Area H.U. *Katherine Buchan* (Victoria Hosp., London, U. of West. Ont. cert. course); *Beatrice Essery* (Victoria Hosp., U. of West. Ont. cert. course); *Elizabeth Zadanyi* (Gen. Hosp. Hamilton, U. of T. gen. course) all to Kent Co. H.U. *Thelma Hornberger* (St. Michael's Hosp., U. of T. gen. course) to Lambton H.U. *Marjorie Graham* (Ottawa Civic Hosp., U. of Ottawa cert. course); *Marian McGee* (Kitchener-Waterloo Hosp., Queen's U. cert. course); *Joan Sutherland* (Toronto East Gen. Hosp., U. of T. gen. course) all to Leeds and Grenville H.U. *Wilma Merow* (St. Michael's Hosp., U. of T. gen. course); *Ethel Tingley* (Civic Hosp., Ottawa, U. of T. gen. course); *Ida Walimaki* (Toronto West. Hosp., U. of T. gen. course) to Lennox and Addington H.U. *Dorothy Ogilvie* (Ottawa Civic Hosp., U. of T. gen. course) to Michipicoten Township. *Sheila Devlin* (St. Michael's Hosp., U. of T. gen. course); *Alice Lake* (Collingwood Gen. Hosp., U. of T. gen. course); both to Muskoka District H.U. *Miriam Eastman* (Toronto East Gen. Hosp., U. of T. gen. course); *Maida Harris* (Toronto West. Hosp., U. of T. gen. course); *Helen Upshall* (St. Michal's Hosp., U. of T. gen.

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course); *Ida Williams* (T.G.H., U. of Ottawa cert. course) all to Northumberland and Durham H.U. *Dorothy Sloan* (St. Catharines Gen. Hosp., U. of West. Ont. cert. course) to Oshawa B.H. *Margaret McIntosh* (Hotel Dieu Hosp. Cornwall, McGill Univ. p.h.n., B.Sc. Columbia Univ.) to the position of Assistant Director of Public Health Nursing, Ottawa B.H. *Marjorie (Davis) Leighton* (T.G.H., U. of T. gen. course); *Elizabeth Williams* (Gen. Hosp. Hamilton, U. of West. Ont. cert. course) to Peel Co. H.U. *Patricia Jackson* (Toronto West. Hosp., U. of T. gen. course); *Margaret Langtry* (Ottawa Civic Hosp., U. of T. gen. course); *Barbara Madeley* (Toronto East Gen. Hosp., U. of T. gen. course) all to Peterborough B.H. *Phyllis Church* (Toronto West. Hosp., U. of T. gen. course); *Annette Lalonde* (Ottawa Gen. Hosp., U. of Ottawa cert. course) to Porcupine H.U. *Laura Giguere* (St. Vincent de Paul Hosp., Sherbrooke, U. of Ottawa cert. course) to Prescott and Russell H.U. *Lois Martin* (Kitchener-Waterloo Hosp., Queen's U. cert. course) to Prince Edward Co. H.U. *Adeline Bowland* (Royal Vic. Hosp., Montreal, U. of Ottawa cert. course); *Elinore Cowie* (Brantford Gen. Hosp., U. of T. gen. course); *Irene Nealon* (St. Michael's Hosp., U. of T. gen. course) all to St. Catharines-Lincoln H.U. *Mary (Moyston) Dawson* (T.G.H., U. of T. gen. course); *Jean Kennedy* (Toronto East Gen. Hosp., U. of T. gen. course); *Margaret Kernaghan* (Toronto East Gen. Hosp., U. of T. gen. course) all to Scarborough Township B.H. *Marie (Henry) Colling* (Victoria Hosp. London, U. of T. gen. course); *Clara (Casey) Gourlay* (Hospital for Sick Children, U. of T. gen. course) *Audrey Humphries* (Salvation Army Grace Hosp., Windsor, U. of West. Ont. cert. course); *Elsie Raikes* (T.G.H., U. of T. gen. course); *Marylin Spear* (T.G.H., U. of West. Ont. cert. course); all to Simcoe Co. H.U. *Patricia Ball* (St. Mary's Hosp., Montreal, U. of Ottawa cert. course); *Marguerite Edwards* (T.G.H., U. of Ottawa cert. course); *Marguerite Gregoire* (St. Vincent de Paul Hosp., Sherbrooke, U. of Montreal p.h.n.) *Dorothy Montgomery* (Hosp. for Sick Children, U. of T.

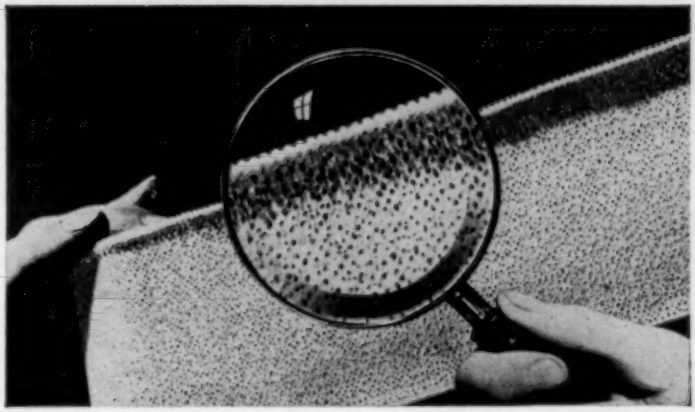
New

Elastoplast

TRADE MARK

with Porous Adhesive

now available



SMITH & NEPHEW announce that a new form of Elastoplast — a bandage with a Porous Adhesive spread — is now available. After years of extensive clinical trials and successful use in Great Britain, results confirm that this new Porous adhesive largely overcomes skin reaction to occlusion, which some patients experience beneath fully spread adhesive bandages, by permitting free evaporation of sweat and minimizing epidermal keratinisation produced by the stimulating effect of the adhesive.

Elastoplast bandages with Porous adhesive are now freely available. Prices are the same as the normal spread Elastoplast bandages.

Points about Porous Elastoplast

1. Porosity throughout the entire surface of the adhesive — permits free evaporation of sweat.
2. Skin reaction through sweat retention diminished.
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Elastoplast

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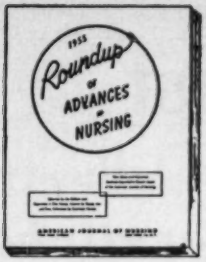

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gen. course); *Elizabeth Walker* (Saint John Gen. Hosp., N.B., U. of T. gen. course) all to Stormont, Dundas, and Glengarry H.U. *Rhea Hunt* (Gen. Hosp., Hamilton, U. of T. gen. course); *Thelma Pritchard* (Civic Hosp., Ottawa, McGill Univ. p.h.n.); *Audrey Gardner* (Toronto East Gen. Hosp., U. of T. gen. course) all to Timiskaming H.U. *Clara Mazza* (St. Jos. Hosp., Hamilton, U. of West. Ont. cert. course) to the Welland and District H.U. *Jane Holt* (Soldier's Memorial Hosp., Orillia, U. of T. gen. course) to Wellington Co. H.U. *Jeananne McWhirter* (Kitchener-Waterloo Hosp., U. of T. gen. course) to Windsor B.H. *Ruth Poole* (Peterborough Civic Hosp., Queen's U. cert. course) to Kingston B.H.

Resignations — *Christine Belanger* from Dufferin Co. H.U. *Madolyn (Burch) Bowyer* and *Ruth (Kidd) Mordaunt* from the Halton Co. H.U. *Helen Cruden* from the Kenora-Keewatin-Dryden Area H. U. *Jean Murray* from the Northumberland and Durham H.U. *Jane Hinton* from the Peel Co. H.U. *Helen Beavis* and *Sylvia Romanoff* from the St. Catharines-Lincoln H.U. *Joyce (Webster) Forman* from the Sault Ste. Marie B.H.

Victorian Order of Nurses

The following are staff changes in the Victorian Order of Nurses for Canada:

Appointments — Calgary: *Kathleen Johnson* (Univ. Hosp., Edmonton). London: *Sylvia Baker* (Victoria Hosp., London). Lincoln-St. Catharines: *Joan Davidson* (Gen. Hosp. Hamilton). Montreal: *Marian Crowell* (Victoria Gen. Hosp., Halifax); *Beatrice Stucker* (Montreal Gen. Hosp.); *Marjorie Tench* (Hope Hosp., Salsford, England). North York: *Rowena Elliott* (Women's College Hosp., Toronto). Ottawa: *Amelia Wale* (Women's College Hosp.). Vancouver: *Merna Daniel* (Vancouver Gen. Hosp.). Winnipeg: *Dolores Sigurdeirson* (Winnipeg Gen. Hosp.).

Transfers — *Bruna Zorzes* from Saskatoon to nurse in charge, Port Arthur, Ontario.

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night-time sleep

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for nervous patients

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Formula—	*NEW* 65 mg.(1 gr.)—Pink	130 mg. (2 gr.)—Green
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ETHOBRAL

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News Notes

ALBERTA

District 2

Camrose

A regular meeting of the chapter was held in St. Mary Hospital with eighteen members present. Mrs. Danforth read a report entitled "Reflection on Education of Nurses."

Dr. MacInnis was the guest speaker for the evening. He told of his recent trip to Rochester. He discussed various cardiac conditions, strokes, anticoagulant therapy, prolonged use of dicumarol, hypothermia, and the most recent advances in cardiac surgery. An informal discussion period followed during the social hour.

District 4

Provost

The July meeting was held in the Nurses' Residence. Fifteen members were present. Miss O. Staciuk gave a very interesting report on the Hospital Association Meeting which she had attended recently.

An August meeting was held with an attendance of ten members. Miss McKay gave a very interesting description of her training school in Scotland. She discussed requirements for entrance, curriculum, midwifery training, and other specialized fields. She enlightened her talk with many of her amusing experiences while nursing in "wartime" Britain. It was decided that when special speakers are not available in the future, the members will give short descriptions of their various training schools.

The program committee reported that Miss Kremer is expected to speak at the next regular meeting.

District 7

Grande Prairie

The final meeting before closing for the summer was held at the home of Mrs. Godfrey. After much discussion, it has been decided that this chapter should separate from the Peace River Chapter. It is too difficult to have meetings due to distances and roads.

A successful Bake Sale was held in June.

A number of projects which are to be considered and investigated during the summer were discussed. They will be voted on in September.

Jasper

The June meeting of the Edith Cavell Chapter was held at the home of Mrs. Venner with an attendance of twelve members. Congratulations were extended to Maureen Nichols for her success in her R.N. examinations. It was decided that a welcoming card would be sent to students in the fall classes as soon as they entered their chosen schools.

An interesting and informative series of films were shown on surgical technique. At the next regular meeting Miss Graves is to present a paper on her research blood work among the Indians.

BRITISH COLUMBIA

Chilliwack

A float was entered in the Cherry Carnival and received favorable mention. E. Reid and B. Beck assisted by Mrs. D. Leckie, Mrs. A. Edmeston, R. MacDonald, and E. Gibbons were in charge of it.

A bursary was awarded by the chapter at recent high school graduation exercises to N. Adams, president of the Future Nurses' Club. She received what is believed to be the fifth highest standing in the province in senior matriculation exams.

ONTARIO

District 1

Stratford

General Hospital

Margaret (Dulmage) Wiseman has been appointed to the staff as instructor in nurs-

ing arts. A graduate of the Toronto General Hospital, Mrs. Wiseman was on the teaching staff there for several years. She was closely associated with the recruitment for nurses program sponsored by the R.N.A.O. in 1945. Later she became inspector for the nursing assistant course under the nurse registration branch, Department of Health.

District 3

Guelph

Homewood Sanitarium

Evely Jean (Berdan) Kay was recently appointed director of education. A graduate of Grace Hospital, Detroit, Mrs. Kay holds her certificate in clinical supervision from University of Toronto.

District 5

Toronto

General Hospital

Graduation exercises for eighty-six students were held early in June. Dr. C. C. Goldring was the guest speaker.

The annual dinner and dance for members of the graduating class was held in the Royal York Hotel.

A cancer institute, to be known as the Ontario Cancer Institute, is to be erected on the property of the Wellesley Division. It will house two cobalt bombs and other high voltage therapy units.

A. Cheyne and M. Burgar completed post-graduate work at University of B.C. this summer, and V. Lindaberry graduated from University of West. Ont. J. Crew is at Johns Hopkins Hospital, Baltimore. D. Gildner is doing industrial nursing at I.B.M. E. (Bailey) Gordon and J. (Clapson) Pollock are engaged in private duty nursing. V. Gray is air stewardess with T.C.A. Halifax-Boston run. M. Helston is a dental office nurse in Ottawa. A. Morrow and M. McTaggart have joined the staff of the hospital. P. (Dowie) Wilton is doing obstetrical nursing in Boston.

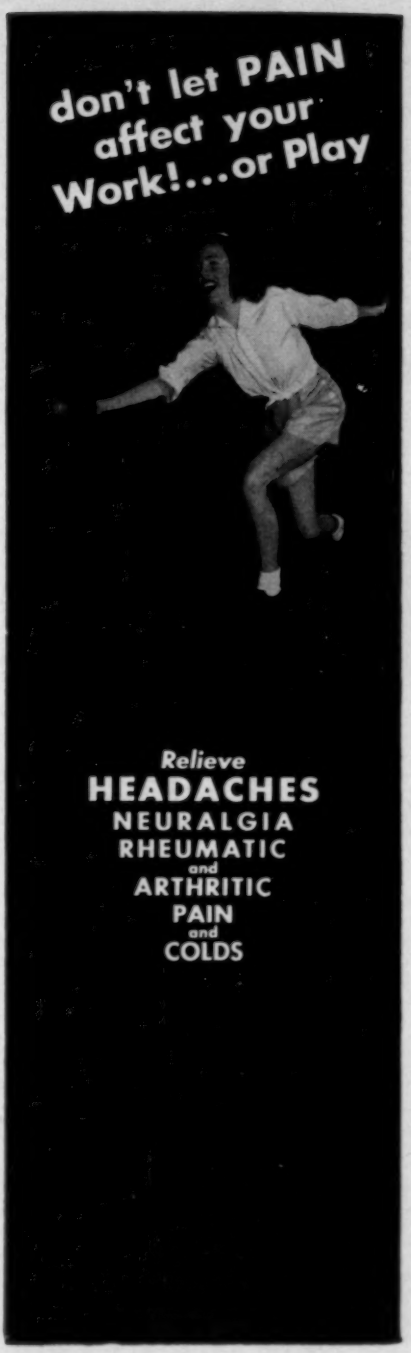
A. Edgar (1917) is retiring as principal of the Anglican Women's Training College. Miss Edgar has had a very full and interesting life. She spent 27 years in India in a mission hospital. Following this she joined the Indian Military Service and served in Delhi and Kohat. Later she was posted to the Burma front with the rank of Lt. Colonel where she remained until returning to Canada.

District 7

Kingston

General Hospital

The Peterborough I.O.D.E. Chapter has



been named in honor of the late Mrs. Edith Walker Carleton, a graduate of 1923.

ONTARIO

District 8

Ottawa

General Hospital

Dr. R. E. Valin was recently entertained by the Alumnae Association in recognition of his retirement from active practice after 50 years of service on the surgical staff.

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Require
THAT ALL UNIFORMS
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NAMES: 6 Doz. $2.40; 12 Doz. $3.50; 25¢ per tube

L. Sabourin is now educational director of the Queen Mary Veteran's Hospital, Montreal. Sr. Imelda de Marie obtained her B.Sc.N. from University of Montreal; H. McDonald, T. Matthews, and M. Martin received degrees (B.Sc.N.) from University of Ottawa. Sr. Mary Helen and Sr. Jean Joseph attended the course in team nursing at Columbia University. M. Belliveau is studying administration and supervision at University of Michigan, Ann Arbor. T. D'Aoust attended a workshop on clinical instruction in medical and surgical nursing, Catholic University of America. H. McDonald has been appointed regional public health nursing supervisor with the Division of Indian Health Services. A. Lalonde and T. Paquet received certificates in public health nursing and M. Murray a certificate in nursing education from Univ. of Ottawa. T. Fillion has been appointed to the health service of the Collegiate Institute Board. E. Parenteau is on the staff of the Eastview Health Dept. F. Brind'Amour has been posted to Germany with the R.C.A.F.

Donations have been made towards the purchase of an organ for the hospital chapel.

District 10

Port Arthur

K. Feisel has been appointed general nurse educator under the Colombo Plan. She is to be stationed at Patna, Bihar in India. Miss Feisel was the director of nursing of the General Hospital, and president of the local district, R.N.A.O. She received her degree in administration in schools of nursing from McGill University.

QUEBEC

Montreal

Royal Victoria Hospital

C. MacCallum has joined the staff as clinical supervisor in surgery. A. Hathaway has accepted a position on the teaching staff. A. Frajkor is doing general duty and B. J. Clark has joined the staff of the O.P.D. H. McCallum is in charge of the Day Hospital, A.M.I. H. Mosgrove is on the staff of the M.N.I. M. (Paterson) McNair is with the Central Tumor Registry. M. Hawken is on reserve training at H.M.C.S. *Cornwallis*.

J. (Hebron) Hopper has recently returned from India and M. (Pickard) Crawford from Beirut. H. (Hawkins) Adams and F. (Corbin) Busby were recent visitors. M. Holder has gone to England to work.

The Victoria Chapter of the Alumnae association presented F. Gass with a gift prior to her departure to join the staff of Victoria General Hospital, Halifax. Officers elected for the year were: M. Goodfellow, president; B. Davis, secretary. A contribution to the Edith Buchanan Book Fund was a project undertaken by the chapter.

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PUBLIC HEALTH POSITIONS

Outpost Nursing Stations, Health Centres and field positions in Provinces, Eastern Arctic, and North-West Territories.

SALARIES

(1) Public Health Staff Nurses: up to $3,300 per year depending upon qualifications and location.

(2) Hospital Staff Nurses: up to $3,120 per year depending upon qualifications and location.

(3) Nursing Assistants or Practical Nurses: up to $185 per month, depending upon qualifications.

• Room and board in hospitals — $30 per month. Statutory holidays. Three weeks' annual leave with pay. Generous sick leave credits. Hospital-medical and superannuation plans available. Assistance may be provided to help cover cost of transportation.

• Special compensatory leave for those posted to isolated areas.

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Indian Health Services at one of the following addresses:

(1) 4824 Fraser St., Vancouver 10, B.C.;
(2) Charles Camsell Indian Hospital, Edmonton, Alberta;
(3) 10 Travellers Building, Regina, Sask.;
(4) 522 Dominion Public Building, Winnipeg, Manitoba;
(5) Box 292, North Bay, Ontario;
(6) 55 "B" St. Joseph Street, Quebec, P.Q.;
(7) Moose Factory Indian Hospital, Moosonee, Ontario.

or

Chief, Personnel Division,
Department of National Health and Welfare,
Ottawa, Ontario.

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ADVERTISING RATES — *$5.00 for 3 lines or less; $1.00 for each additional line.*
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Closing date for copy: 10th of the month preceding the month of publication. All letters should be addressed to: The Canadian Nurse, 1522 Sherbrooke St. W., Montreal 25, Que.

Supt. of Nurses to direct nursing & patient care in active 60-bed General Hospital in a town with a population of 4,000, approx. 22 miles from London with good bus & train services. Apply stating qualifications & salary expected, to Supt., General Hospital, Strathroy, Ont.

Supt. of Nurses for modern 60-bed general hospital. Apply stating qualifications to Dr. M. R. Stalker, Hon. Medical Supt., Barrie Memorial Hospital, Ormstown, Que.

General Supervisors, Operating Room Nurses and General Duty Nurses for new 150-bed hospital. Starting salary for Registered General Duty Nurses $230 with annual increases to $40. 1½ days per mo. cumulative sick leave; 40 hr. wk; 28 days vacation; 10 statutory holidays. Apply: Supt. of Nurses, Trail-Tadanac Hospital, Trail, B.C.

Supervisor (experienced) for Central Supply Room. Apply Director of Nurses, Royal Jubilee Hospital, Victoria, British Columbia.

Supervisor & General Duty Nurses for 40-bed General Hospital. Apply Supt., General Hospital, Kincardine, Ontario.

Obstetrical Supervisor for 48-bed maternity dept. in 486-bed general hospital. Supervision of case rooms, nursery and wards. School of Nursing. Salary: $265 basic, with credit for experience and p.g. study. 28 days annual vacation. 10 statutory holidays. Cumulative sick leave. 40 hr. wk. B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

Pediatric Supervisor for small ward in Teaching Hospital. **Dietitian** for newly built hospital of 130 beds. **General Duty Nurses** for rotation duty. New residence provided. Salary for above three according to experience. Apply Supt., Prince County Hospital, Summerside, Prince Edward Island.

Supervisor & Public Health Nurses (qualified) for Porcupine Health Unit. 5-day wk. 4 wk. vacation. 18 days sick leave annually. Car provided. Good working conditions. Apply Secretary Porcupine Health Unit, 164 Algonquin Blvd. E., Timmins, Ont.

Supervisor of Nurses for 22-bed Memorial Hospital, duties to commence anytime after **October 1, 1955.** Accommodation in hospital. No administrative duties. Apply stating experience, age, references, salary & when available to Mrs. C. F. McInnis, Secretary Hospital Board, Box 457, 309 Churchill St., Nipigon, Ont.

Assistant to Obstetrical Supervisor for 33-bed obstetrical unit. Duties to include teaching of students & supervision of nursery. Apply Director of Nursing, General Hospital, Stratford, Ont.

Obstetrical Clinical Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working towards degree. Located in "all American City" of 120,000. in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Clinical Instructor in Obstetrical nursing for dept. with 26-beds & **Supervisor of Nurseries** for dept. with 30 bassinettes. Duties to include teaching & supervision of student nurses. University post graduate course & experience preferred for both positions. Apply Director of Nursing, General Hospital, Oshawa, Ont.

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FOR

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MONTREAL GENERAL HOSPITAL

For full particulars write to:

DIRECTOR OF NURSING, 1650 CEDAR AVENUE, MONTREAL 25, QUE.

Nursing Arts Instructor for School of Nursing with capacity 195 students attached to expanding hospital of 571 beds. B.S. Degree in Nursing Education preferred or at least 3 yrs. experience & working toward degree. Located in "all American City" of 120,000. in North Eastern Ohio with educational, industrial, recreational & agricultural primary interests. Salary commensurate with qualifications. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Instructor to teach anatomy and physiology, microbiology first term, followed by surgical nursing lectures and clinical supervision on surgical wards. Starting salary: $255; $10 for 2 yrs. experience; $10 yearly increments; 1½ days sick leave, cumulative; 10 statutory holidays; 40-hr. wk; 1 class per yr. in September. Apply to: Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

Head Instructor for Training School to teach Sciences. 86-bed hospital; 30 students. Complete maintenance provided in comfortable suite. Apply, stating qualifications & salary expected, A. J. Schmiedl, Sec. Manager, General Hospital, Dauphin, Man.

Instructor in Nursing Arts, Instructor in Science, Clinical Instructor in Operating Room Technique, Clinical Instructor in Pediatrics. Modern 450-bed Hospital. Maximum of 90 Students — 1 class a yr. Excellent personnel policies. Apply Director of Nursing Education, Kitchener-Waterloo Hospital, Kitchener, Ont.

Applications are invited for the position of Instructor for the School of Nursing in 138-bed Hospital. This school is affiliated with Montreal hospitals & with the teaching schools associated with McGill University. For particulars write Matron, King Edward VII Memorial Hospital, Bermuda.

Asst. Head Nurses for children's orthopedic hospital. Good personnel policies. Apply Director, Shriners Hospital for Crippled Children, Montreal, Que.

Psychiatric Nurse to assume position as Head Nurse & Clinical Supervisor of new 38-bed Psychiatric Unit in a 500-bed General Hospital. An excellent opportunity for a Psychiatric Nurse who wishes to assume leadership in developing the policies, procedures & teaching program of this new Psychiatric Unit. Patients treated only by psychiatrists. The most modern facilities & treatment methods. Cooperative administration. Bachelor's Degree required plus Psychiatric experience. Salary commensurate with experience & abilities. Write Director of Nursing, Aultman Hospital, Canton, Ohio.

Inquiries are invited from Graduate Nurses for General Staff Duty in a new 300-bed hospital to open this fall. Initial gross salary: $225 per mo. with merit increases to $250 per mo. 44-hr. wk. Good personnell policies. Information available re living accommodation. Apply giving qualifications & references to Director of Nurses, Sudbury Memorial Hospital, Regent St. South, Sudbury, Ont.

General Duty Nurses for 650-bed teaching hospital in Central California. Salary: $288-337 per mo. 40-hr. wk., liberal vacation, holiday & sick leave plan. Apply Personnel Office, 510 E. Market St., Stockton, California.

Applications are invited for General Duty Nurses in new modern 225-bed General Hospital. For further information apply Director of Nursing, Moncton Hospital, Moncton, N.B.

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GRADUATE NURSES FOR GENERAL DUTY

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Why Unique? Only English speaking hospital & training school in Quebec City

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General Duty Nurses (2) for well equipped small hospital. Salary: $160. 5½ day wk., 8-hr. duty, rotating shifts. Long week-end following night duty. Full maintenance. Apply Supt. Saugeen Memorial Hospital, Southampton, Ont.

Registered Nurse (1) duties to commence as soon as possible. Salary: $175 plus room & board. Live in. Situated on C.P.R. & number 1 highway. Apply Sec. Treas., Medical Nursing Unit, Elkhorn, Man.

Registered General Duty Nurse (1). Salary $180 per mo. with full maintenance & annual increases of $10 per mo. for 3 yrs. 3 wk. vacation after 1 yr. duty & 4 wk. annual vacation after 2 yrs. Apply Matron, District Hospital, Shoal Lake, Manitoba.

Operating Room Nurses, immediate appointments, for 511-bed newly enlarged and finely equipped hospital; 10 operating rooms now completed. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial and educational friendly activities; living cost reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio, and Pittsburg, Pa. Friendly and considerate working associates and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Operating Room Nurses, preferably with experience, for 75-bed hospital. Operating unit consists of 2 theatres, emergency treatment & recovery room. Apply Supt., Carleton Memorial Hospital, Woodstock, N.B.

Registered Nurses (2) immediately. Salary: $220 per mo. less $25 maintenance. 3-wk. vacation with pay after 1 yr. service. Sick leave. Apply, giving references, to Sec. Manager, Union Hospital, Spiritwood, Sask.

Registered Nurses (2) for 50-bed Municipal Hospital. $175 per mo. plus maintenance & 10 statutory holidays. 44-hr. wk. For further information apply Matron, Municipal Hospital, Wainwright, Alta.

General Duty Nurses & Certified Nursing Assistants for 33-bed General Hospital. Good personnel policies. Apply Supt., General Hospital, Espanola, Ont.

General Duty Nurses for 165-bed approved General Hospital. Salary: $250-$305 per mo. 2 & 3 wk. paid vacation. 12 days paid sick leave. 8 paid holidays. Annual raises. Board & room at nominal cost in new modern nurses' home attached to hospital. Vacancies all shifts & in operating room. Apply Director of Nurses, Memorial Hospital, Cheyenne, Wyoming.

Graduate Nurses (3) for 24-bed hospital. Salary: $230 per mo. if B.C. registered; less $40 board, lodging, laundry. 1 mo. vacation after 1 yr. on full pay. 1½ days sick leave per mo. cumulative. Apply, stating experience, Matron, Terrace & District Hospital, Terrace, British Columbia.

General Duty Nurses. Salary: $230-$270, $10.00 increment for experience. 40-hr. wk. 1½ days sick leave per mo. cumulative; 10 statutory holidays, (1) mo. vacation. Must be eligible for B.C. registration. Apply Director of Nurses, Royal Inland Hospital, Kamloops, B.C.

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General Duty Nurses for 430-bed hospital; 40-hr. wk. Statutory holidays. Salary: $235-268. Credit for past experience. Annual increments; cumulative sick leave; 28 days annual vacation; B.C. registration required. Apply Director of Nursing, Royal Columbian Hospital, New Westminster, B.C.

General Duty Nurses for Medical, Surgical, Pediatrics, Obstetrics. Good salary & personnel policies. Apply Director of Nursing, Victoria Hospital, London, Ont.

General Duty Nurses for all departments. Gross salary: $200 per mo. if registered in Ontario $190 per mo. until registration has been established. $20 per mo. bonus for evening or night duty; annual increment of $10 per mo. for 3 yrs. 44-hr. wk., 8 statutory holidays, 21 days vacation & 14 days leave for illness with pay after 1 yr. of employment. Apply: Director of Nursing, General Hospital, Oshawa, Ont.

Graduate Nurses for modern 125-bed Community Hospital in suburban Toronto, opening new wing. Salary range: General Duty — $205 to $275 monthly, Head Nurse — $225 to $295. Supervisor — $260 to $310. Residence accommodation optional. Apply Director of Nursing, Humber Memorial Hospital, 200 Church St., Weston, Ont.

Graduate Nurses for General Staff Duty in 350-bed Tuberculosis Hospital in Laurentian Mts. For further information, apply Director of Nursing, Royal Edward Laurentian Hospital, Ste. Agathe des Monts, Quebec.

Graduate Nurses for 100-bed West Coast General Hospital. Salary: $250 per mo. less $40 for board, residence, laundry. 3 annual increments; $10 per mo. night duty bonus. 1 mo. vacation with full salary after 1 yr. service. 1½ days sick leave per mo. cumulative to 36 days. Transportation allowance up to $60 refunded after 1st yr. Apply Director of Nursing General Hospital, Prince Rupert, B.C.

Registered Nurses for General Duty (2) for 76-bed fully modern hospital on C.P.R. main line & Trans-Canada Highway to Calgary & Banff. Gross Salary: $200 per mo., perquisites $30, $5.00 increment every 6 mo., 1 mo. annual vacation with pay; 8-hr. day; 44-hr. wk. Sick leave with pay. Apply Matron, Municipal Hospital, Brooks, Alta.

Registered Staff Nurses, immediate appointments, in 511-bed newly enlarged and finely equipped general hospital. Duty assignments in medical, surgical, pediatrics, psychiatric, obstetrics, or contagion units. Northeastern Ohio stable "All-American City" of 120,000. In centre of area of recreational, industrial, and educational friendly activities. Living costs reasonable. Within pleasant driving-distance advantages of metropolitan Cleveland and Columbus, Ohio and Pittsburg, Pa. Friendly, cooperative work relations and conditions. Progressively advanced personnel policies. Starting salary: $240 per mo. with 4 merit increases. Paid vacation, sick leave, recognized holidays, premium pay, sickness insurance and hospitalization program, retirement. Contact: Director of Personnel, Aultman Hospital, Canton, Ohio, by letter or collect telephone 4-5673.

Registered Nurses for 36-bed General Hospital. Basic salary: $230; increments $10. 40-hr. wk., full maintenance $45. R.N.A.B.C. agreement. Half fare refunded after 6 mo., balance after 1 yr. Apply Administrator, Nicola Valley General Hospital, Merritt, B.C.

Registered General Duty Nurses for 60-bed hospital. Gross salary, with meals included, $175 per mo. Apply Supt., Great War Memorial Hospital, Perth, Ontario.

McKELLAR GENERAL HOSPITAL, FORT WILLIAM, ONT.

Requires

CLINICAL INSTRUCTOR IN OPERATING ROOM

Gross salary commensurate with experience, 28 days vacation after one year, 8 statutory holidays, sick leave accumulative to 60 days; Residence accommodation available at reasonable rates. Hospital has recently completed a well equipped and staffed wing with extensive renovation program progressing in the old section.

APPLY DIRECTOR OF NURSING

Registered Nurses for General Duty. Initial salary: $200. per mo.; with 6 or more month's Psychiatric experience, $210. per mo. Salary increase at end of 1 yr. 44-hr wk; 8 statutory holidays, annual vacation with pay. Living accommodation if desired. For further information apply Supt. of Nurses, Homewood Sanitarium, Guelph, Ont.

Registered & Non Registered Nurses. Good personnel policies, new facilities. 44-hr. wk., 8-hr. rotating shifts. 1 day off 1 wk. & 2 the next, 1½ days holiday & sick leave allowed per mo. Up to $40 travelling expenses & 6% increase after 1 yr. services. Half Blue Cross with medical surgical benefits paid. Full maintenance provided. Apply stating gross salary expected Supt., Lady Minto Hospital, Cochrane, Ont.

October 1, 1955. Registered Nurses (2) for 30-bed hospital. Salary: $225 per mo. with yearly increment. 4 wks. vacation after 1 yr. employment; 11 statutory holidays per yr. 40-hr. wk. $40 room & board at nurses' home. Pleasant surroundings. Apply Administrator, Community Hospital, Grand Forks, B.C.

Baker Memorial Sanatorium, Calgary, Alberta offers to Graduate Nurses a 6-mo. post-graduate course in Tuberculosis. Maintenance & salary as for general staff nurses. Opportunity for permanent employment if desired. Spring & Fall Classes. Further information on request.

Registered Nurses for new well equipped 27-bed Hospital, 2 doctors. Duties to commence as soon as possible. Salary: $210-225. Nurses residence. Progressive community. Further information upon request. Apply Mr. P. Tomyn, Sec. Treas. or the Matron, Union Hospital District, Leader, Sask.

Registered Nurse for Semi-Administrative work in 44-bed hospital. Medical & emotional patients. $13 per 8-hr. Apply Harworth Hospital, 531 E. Grand Blvd., Detroit 7, Michigan.

Registered nurse for specialty hospital in Detroit. ($13 per day). **Several wanted for** large Chicago hospital ($12.96 per day). Send snap & write to International Employment Agency, 504 Victoria St., Windsor, Ont.

Registered Nurses for modern 60-bed General Hospital situated 40 mi. south of Montreal. Salary: $200 per mo. 8-hr. duty; 44-hr. wk; rotating shifts. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Maternity Nurses for modern 60-bed General Hospital located 40 mi. south of Montreal. Salary: $155 per mo. 8-hr. duty; 44-hr. wk; rotating shifts. Many attractive benefits provided. Board & accommodation available at minimum cost in completely new motel-style nurses' residence. Apply Supt., Barrie Memorial Hospital, Ormstown, Que.

Staff Nurses for 600-bed General & Tuberculosis Hospitals with School of Nursing. Salary: $288-$341. Shift, special service & educational differentials, $10. 40-hr. wk; 3-wk. vocation; 11 holidays; accomulative sick leave. Apply Associate Director of Nursing Service, County General Hospital, Fresno, California.

Registered Nurses for General Duty in 550-bed Hospital for tuberculosis. Initial gross salary: $185 per mo., 8-hr. duty, 40-hr. wk. Board & room available. Perquisites $33 per mo. Apply Director of Nursing, Beck Memorial Sanatorium, London, Ontario.

School of Nursing, Metropolitan General Hospital
WINDSOR, ONTARIO

The following positions combining both classroom and clinical instruction will be open August, 1955.

INSTRUCTOR IN PEDIATRIC NURSING
INSTRUCTOR IN SCIENCE AND SURGICAL NURSING
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This is a new school of nursing with a curriculum pattern of two years of nursing education followed by one year of guided nursing service. It offers an excellent opportunity for instructors to participate in the development of a sound educational program since the hospital does not depend on students for nursing service during their two educational years.

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MISS DOROTHY R. COLQUHOUN, DIRECTOR, SCHOOL OF NURSING, 2240 KILDARE ROAD, WINDSOR, ONT.

General Staff Nurses for 400-bed Medical & Surgical Sanatorium, fully approved student affiliation & post-graduate program. Full Maintenance. Recreational facilities. Vacation with pay. Sick benefits after 1 yr. Blue Cross coverage. Attractive salary; 40-hr. wk. For further particulars apply Supt. of Nurses, Nova Scotia Sanatorium Kentville, N.S.

Matron for 43-bed hospital. Salary commensurate with experience & qualifications. Apply to the Matron, Huntsville District Memorial Hospital, Huntsville, Ontario.

Operating Room Scrub Nurses (2) with experience or post graduate course. Salary in accordance with S.R.N.A. schedule, consideration given for preparation or experience. New operating room area near completion. For further details apply Supt. of Nurses, Union Hospital, Moose Jaw, Sask.

The Vancouver General Hospital invites inquiries from graduate nurses for general staff positions. Salary: $235.50 per mo. as minimum & $273.75 as maximum, plus shift differential for evening & night duty. 40-hr. wk. Temporary residence accommodation is available. Applicants not registered in B.C. should forward a letter of acceptance of registration in B.C. from the Registrar of Nurses, 2524 Cypress St., Vancouver, B.C. Apply Personnel Dept., General Hospital, Vancouver, B.C.

Registered General Duty Nurses (3) for 85-bed hospital, 65 mi. from Edmonton. For further information apply St. Joseph's General Hospital, Vegreville, Alberta.

General Duty Nurses — We need nurses to assist in caring for our 147 tuberculous patients. If you wish to assist in the development of a good nursing program please write stating age, experience & salary expected to Director of Nursing, Grace Dart Hospital, 6085 Sherbrooke St. E., Montreal.

Lab-X-Ray Technician for Municipal Hospital. Salary: $180 per mo. plus full maintenance. For further particulars apply Sec. Treas., Municipal Hospital District No. 59, Fairview, Alberta.

Registered Nurses for new modern 250-bed hospital located near the beautiful Beverly Hills area in sunny Los Angeles, Southern California's most glamourous city. Offers a new kind of opportunity for nurses interested in good patient care & learning about latest techniques. In a relaxed & beautiful atmosphere, work with friendly people, enjoy time off at nearby beaches & resorts. Housing facilities in the neighborhood. Starting salary: $300 per mo. with semi-annual increases for 3 yrs. Generous vacation. 8 paid holidays, sick leave, social security, group ins. & unemployment compensation. Opportunities for advancement. In-service program for R.N. & auxiliary workers. Apply Director of Nurses, Mount Sinai Hospital, 8720 Beverly Blvd., Los Angeles 48, California.

Office Nurse, R.N., for general duties. Opportunity for surgical experience if desired. Salary open, determined by experience & qualifications. Secure position. Congenial working conditions. Small Wyoming community. Apply R. E. Kunkel, M.D., Thermopolis Clinic, Odd Fellows Bldg., Thermopolis, Wyoming.

Dietitian (qualified) for Teaching Hospital. Opportunity for advancement. Full maintenance. Fare from Canada for accepted candidate. For full particulars, write, giving qualifications & date available, Matron, King Edward VII Memorial Hospital, Bermuda.

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Qualified Dietitians for 435-bed hospital. Large student school. Salary commensurate with qualifications & experience. New & modern Dietry Dept. Cafeteria and trayveyor service. Day shifts only. Liberal holidays, sick leave, pension plan & other perquisites. Excellent quarters & working conditions. Transportation refundable after 6 months.

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Public Health Nurses for generalized program (bedside nursing included). Minimum salary: $2,700 with allowance for previous experience. Annual increments. Cumulative sick leave plan. Blue Cross available. Interest free loans for purchasing cars if necessary. Transportation allowance. 1 mo. holiday at the end of 1 yr. Apply Dr. J. I. Jeffs, M.D., D.P.H., Lennox & Addington County Health Unit, Memorial Bldg., Napanee, Ontario.

Public Health Nurses qualified for generalized public health nursing services in rural & suburban area in Health Unit. Minimum salary: $2,800, annual increment $100. Blue Cross & pension, accumulative sick leave. 1 mo. holiday. Apply Dr. A. F. Bull, Med. Officer of Health, Halton Co. Health Unit, Milton, Ont.

Public Health Nurse — Starting salary: $2.724 with annual increases over 3 yrs. to $3,108 per annum. Previous experience qualifies for a higher salary. Cost transportation refunded after working 3 mo. Car allowance or free transportation while on duty. Pension plan after 3-yr. service. Apply, stating qualifications & experience to Arthur H. Evans, Sec. Board of Health, Port Arthur, Ont.

Public Health Nurse for Health Unit adjacent to Edmonton. Generalized program. Minimum salary: $2,700 with annual increments of $150 x 3 & $300 x 1. Starting salary by arrangement. 3 wk. annual vacation. Pension plan, group hospitalization benefit, adequate sick leave. Car furnished on duty. Apply M.O.H., Stony Plain, Lac Ste. Anne Health Unit No. 17, Stony Plain, Alberta.

Public Health Nurses (4), North York Township, adjacent to Toronto. Population 150,000. New salary range now effective, $3,120-3,640 plus $60 monthly car allowance. 4 wk. vacation with salary. Free hospitalization ins., Group life ins., sick pay & pension plan benefits. Appointment effective November 1 or December 1. For further details please contact Dr. Carl E. Hill, Med. Officer of Health, 5248 Yonge St., Willowdale, Ont.

Public Health Nurses for generalized program — City of Ottawa, Health Dept. Salary $2,760 to $3,240, plus cost of living bonus. Good personnel policies. Superannuation & Blue Cross benefits. Apply Employment & Labor Registry Office, Room 118, Transportation Bldg., 48 Rideau St., Ottawa 2, Ont.

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General Staff Nurses for Medical, Surgical, Obstetrical and Pediatric Services. Forty-four hour week. Salary $210.00 to $260.00 gross per month. Differential for evening and night duty.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASK.

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has Staff and Supervisory positions in various parts of Canada.

Personnel Practices Provide:

- Opportunity for promotion.
- Transportation while on duty.
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- Retirement annuity benefits.

For further information write to:

Director in Chief,
Victorian Order of Nurses for Canada,
193 Sparks Street, Ottawa 4, Ont.

Public Health Nurse Grade 1. British Columbia Civil Service, Dept. of Health & Welfare. Starting Salary $255. $260. $266. per mo., depending on experience, rising to $298. per mo. Promotional opportunities available. Qualifications: Candidate must be eligible for registration in British Columbia & have completed a University degree or Certificate course in Public Health Nursing. (Successful candidates may be required to serve in any part of the Province.) Cars are provided. 5-day wk. in most districts. Uniform allowance. Candidates must be British subjects; preference is given to ex-service women. Application forms obtainable from all Government Agencies; the Civil Service Commission, 544 Michigan St., Victoria, or 411 Dunsmuir St., Vancouver 3, to be completed & returned to the Chairman, Civil Service Commission, Victoria. Further information may be obtained from the Director, Public Health Nursing, Dept. of Health & Welfare, Parliament Bldgs., Victoria, B.C.

Public Health Nurse for generalized program in rural & semi-urban area adjacent to Metropolitan Toronto. Excellent working conditions including pension plan, group ins. & transportation arrangements. Apply Dr. R. M. King, York County Health Unit, Newmarket, Ontario.

Registered Nurses (2) for 50-bed hospital. Basic salary $180 per mo. plus maintenance, $5.00 increase every 6 mo. for 2 yrs. 44-hr. wk., 3-wk. vacation with pay after 12 mo. service. 10 statutory holidays. For further information apply Matron, Municipal Hospital, Wainwright, Alberta.

General Duty Staff Nurses for 450-bed fully approved hospital. 3 to 11 p.m. & 11 p.m. to 7 a.m. duty. Salary range $340 to $359 per mo. 40-hr. wk., 2 consecutive evenings or nights off. Paid vacation. 7 holidays per yr. Accumulative sick time based on length of service. Nurses' residence. Single rooms $15 per mo. Double rooms $10. Cafeteria — meals at nominal cost. 4 uniforms laundered weekly free. Railroad passes issued based on length of service. Current registration in Canada constitutes eligibility for permit to work in California. Apply Chief Nurse, Southern Pacific Railroad Hospital, 1400 Fell St., San Francisco, California.

REGISTERED STAFF NURSES

Required by The Provincial Government of Newfoundland
Department of Health

For General Duty in small 6-32-bed hospitals. Salary commences at $2,200 per annum on the scale $2,200-100-2,300.

Accommodation in the hospital $40 per mo. 24 working day vacation. Sick leave with pay. Uniforms & laundry services free. Successful applicants have their transportation paid to the hospital.

Hospitals situated in the coastal regions of the Province & act as the centre of Medical services for a group of settlements.

For further information & application form apply:

Director of Nurses, Dept. of Health, St. John's, Nfld.

CHRISTIAN REGISTERED NURSES

FOR THE POSITION OF SUPERINTENDENT OF NURSES

for 42-bed General Hospital in Mennonite town 40 miles from Winnipeg

Training school for L.P.N., 44-hr. week, usual holiday & sick leave benefits, private room in new residence. No business or administrative responsibilities, just supervision of nursing care.

BEST WAGES WILL BE PAID

We also have openings for R.N.'s for general duty

Please state wages expected

APPLY JAC. M. KLASSEN,

Administrator, Bethesda Hospital, Steinbach, Man.

Public Health Nurses for generalized service, having at least 1 yr. in approved public health nursing course; or graduation from approved school of nursing, preparing students for beginning PHN positions. Excellent opportunities for nurses wishing to work in the West. Positions available in all parts of the state. Salary adjustable to education & experience. Generous personnel policies. Apply Director of Nursing, State Board of Health, Div. of Public Health, Box 640, Boise, Idaho.

Experienced Registered Nurses for 3-11 & 11-7 Supervisors. Also **Registered Nurses & Grace graduates** for general duty staff in 40-bed hospital. Operating & Case room experience required for Supervisors. Good personnel policies, transportation refunded after 6 mo. service. Apply Supt. Queens General Hospital, Liverpool, N.S.

Supervisors, Head Nurses, Team Nurse Leaders, General Duty Nurses for new 237-bed fully modern hospital. Progressive personnel policies. Educational opportunities, Marshall College. 44-hr. wk. with 40-hr. optional at adjusted salary. Part-time positions for students, salaries: Supervisors, $275 to $325. Head Nurses, $250 to $280 depending on qualifications. Staff Nurses, $240 to $270. 3 yr. period. For full particulars apply Director of Nursing, Cabell Huntington Hospital, Box No. 492, Huntington, West Virginia.

Asst. Director of Nurses immediately for 67-bed hospital. Salary open depending on training & experience. General Duty Nurses also required. Good salary & personnel policies. New 80-bed hospital opening in 1956. Apply M. M. Barber, R.N., Administrator, Portage Dist. No. 18, Portage LaPrairie, Manitoba.

Registered Nurse for Matron for small 12-bed hospital. Starting salary $250 per mo. Duties to commence Dec. 1st. **Registered Nurses (2) for general duty.** Starting salary $205 per mo. plus full maintenance. $5.00 per mo. increase after each 6 mo. service. 8-hr. day. Duties to commence, one Oct. 1st. one Dec. 1st. Apply Matron, Municipal Hospital, Cereal, Alberta.

Registered Nurses for modern 44-bed hospital in Southern Ontario. 44-hr. wk., rotating shifts, 3 wk. annual vacation, 8 statutory holidays. New residence under construction. Apply Supt., Haldimand War Memorial Hospital, Dunnville, Ont.

EMPLOYMENT OPPORTUNITIES FOR GRADUATE NURSES

Due to the opening of a new wing in a well-equipped, new 125-bed hospital in Suburban Toronto. Enjoy the congenial working conditions of a smaller institution with the advantages of locating in metropolitan Toronto. Residence accommodation optional.

SALARY RANGES

GENERAL DUTY	$205 - $275	monthly
HEAD NURSES	$225 - $295	monthly
SUPERVISORS	$240 - $310	monthly

Apply:

DIRECTOR OF NURSING, HUMBER MEMORIAL HOSPITAL,
200 CHURCH ST., WESTON, TORONTO, ONTARIO

UNIVERSITY HOSPITAL

Requires

ADMINISTRATIVE SUPERVISORS

to organize the departments of Pediatrics and Surgery in new hospital. Salary $240.00 to $300.00. Good personnel policies.

Apply to:

DIRECTOR OF NURSING, UNIVERSITY HOSPITAL,
SASKATOON, SASK.

Registered Nurses (3) for 36-bed General Hospital. Starting salary $205 per mo. 3 wk. vacation with pay 1st yr. employment, 4 wk. thereafter. All statutory holidays. Regular sick leave. 50% Blue Cross payments. Apply Supt. of Nurses, Hospital Dist. No. 24, Box 330, Altona, Manitoba.

General Duty Nurses for 650-bed teaching hospital in central California. Salary $288-$337 per mo. 40-hr. wk. Liberal vacation, holiday & sick plan. Apply Personnel Office, 510 W. Market St., Stockton, California.

Head Nurses & Graduate Nurses for general duty. Apply giving qualifications & experience to Director of Nursing, Civic Hospital, Peterborough, Ontario.

Obstetrical Supervisor for 30-bed Unit. New addition under construction. School of Nursing. Good personnel policies. Previous experience essential. Apply Director of Nursing, General Hospital, Belleville, Ontario.

Operating Room Scrub Nurses (2) for 200-bed hospital. Limited night call. Good personnel policies. Apply Director of Nursing, General Hospital, Belleville, Ontario.

Senior Public Health Nurse (1) for the town of High River & **Junior Public Health Nurse** (1) for the town of Vulcan. Provincial salary scale plus bonus. Commencing salary according to qualifications & experience. Pension scheme. Car provided. Apply Dr. E. M. Rowland, Medical Officer of Health, Foothills Health Unit, High River, Alta.

Public Health Nurses for generalized program. Minimum salary: $2,700. Allowance for experience & annual increments. Pension plan, Blue Cross & Windsor Medical services available. 5-day wk. & 4 wks. vacation after 1 yr. For further details apply to Dr. W. H. Johnston, Medical Officer of Health, City Hall, Chatham, Ont.

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General Duty Nurse for 17-bed hospital 100 mi. N.E. of Calgary. Salary: $170 with full maintenance. $5.00 per mo. increase after 6 mo. service up to 3 increases. 1 mo. vacation with pay after 1 yr. Transportation refunded after 6 mo. service. Apply Municipal Hospital, Elnora, Alberta.

Graduate Nurse for 20-bed hospital. Salary: $190 plus full maintenance. Usual holidays with pay & sick leave. Modern nurses' home. Apply Union Hospital, Vanguard, Sask.

Operating Room Supervisor (Qualified). Duties to commence Dec. 1st. **Assistant to Operating Room Supervisor & Laboratory Technician** at once. 88-bed hospital. Apply stating qualifications to Supt., Highland View Hospital, Amherst, Nova Scotia.

Plain and Fancy Stitching

IN A LETTER PUBLISHED in the April 2, 1955 issue of the J.A.M.A., Sir Heneage Ogilvie, consultant surgeon to Guy's Hospitals in London, England, offers this suggestion about the closure of surgical wounds:

A great deal of every operation consists in stitching, an art in which a surgeon has not been trained, that he attempts for the first time as an adult, and that he never learns to do really well. Yet by his side, veiled and voiceless, is a girl who has been stitching since she could toddle and who could do the job more neatly than he can, and in half the time. Operations would be done much better if the surgeon, having explored, decided, mobilized, and resected, were to hand over reconstruction and closure to a nurse working under his direction, leaving to her the fashioning of the anastomosis, the recovering of the raw area, and the (final) closure of the wound.

—A.J.N. JULY, 1955

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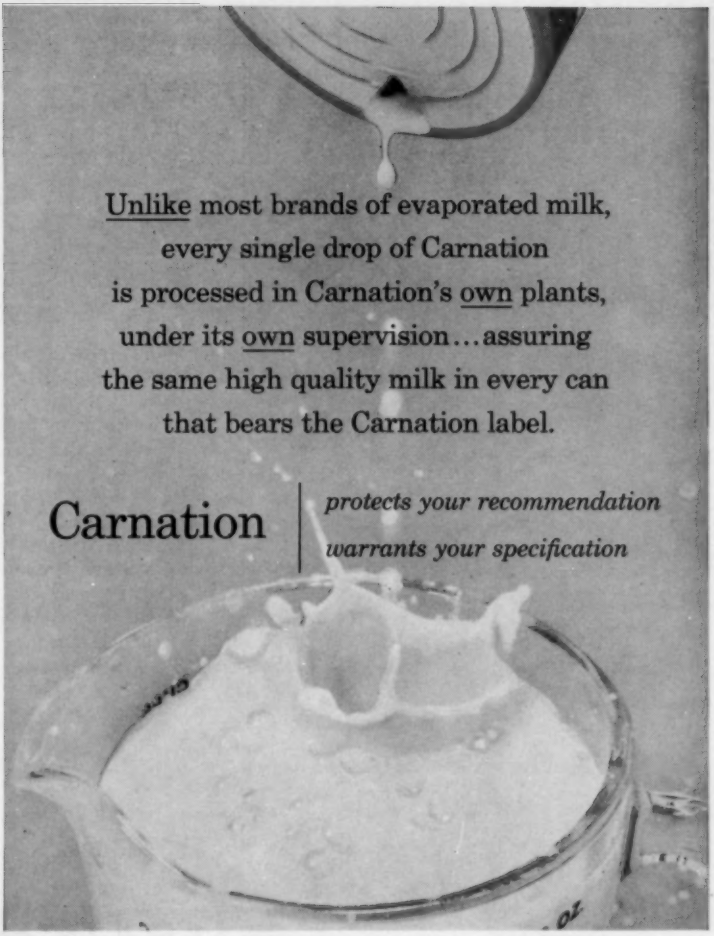
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